



Registration Form

Name _____

Email _____

Company/Organization _____

Contact Telephone _____

Please register me for:

Product Support Analysis – 10-13 February 2025

Logistics Product Data – 11-13 March 2025

Registration Fee: US\$ 1,800.00

Payment Method:

Visa/MC/Amex
Name on Card _____
Card Number _____
Expires _____
CVC _____
Billing ZIP/Post Code _____

PayPal
Send invoice to (email): _____

SF182 (attached)

Send completed registration form to:

Email: james.v.jones@log-mgmt.com

Fax +1.949.242.3002

Logistics Management Associates
3010 Heather Green Blvd
LaGrange, KY 40031