



2008 European Shot Peening & Blast Cleaning Workshop

April 15 and 16, 2008 (Registration/Check-in is on April 15 from 7:30 a.m. - 8:15 a.m.)

1. Hotel Information

The Shot Peening & Blast Cleaning Workshop will be at the Hotel Sinsheim (www.hotel-sinsheim.de/home.html). The hotel has set aside a block of rooms for workshop attendees. The cost per night is 85 EUR/Single, 100 EUR/Double and includes breakfast. To make hotel reservations, call the Hotel Sinsheim at +49 (0)7261-4064-0. Please mention the Shot Peening workshop when making your reservations. Please make hotel reservations as soon as possible to receive the group rate.

2. Workshop Fees and Registration Form

Attendance Fees

| Number of attendees | Fee per person | Total number of people | Total costs |
|---------------------|----------------|------------------------|----------------------|
| 1 | 500 EUR | <input type="text"/> | <input type="text"/> |
| 2 - 3 | 450 EUR | <input type="text"/> | <input type="text"/> |
| 4 or more | 400 EUR | <input type="text"/> | <input type="text"/> |

Peening Exam Fees

| | | | |
|----------------------------|---------------|----------------------|----------------------|
| Level 1 Shot Peening | 100 EUR | <input type="text"/> | <input type="text"/> |
| Level 2 Shot Peening | 100 EUR | <input type="text"/> | <input type="text"/> |
| Level 3 Shot Peening | 100 EUR | <input type="text"/> | <input type="text"/> |
| Flapper Peening | 100 EUR | <input type="text"/> | <input type="text"/> |

Total Fees

Workshop fee includes workbook, break refreshments, lunch and Certificate of Attendance. It does not include lodging, dinner meals or entertainment. Refunds and Cancellations: If you cancel your registration, you will be charged a 40 EUR administrative fee. Cancellations must be made in writing and received at least seven (7) working days prior to the start of the workshop. Cancellations made after March 28 or workshop "no shows" will be liable for the full fee. Enrollment substitutions may be made at any time.

3. Payment Information

Date: _____

Payment MUST accompany registration:

- Check (Payable to Electronics Incorporated and drawn on a U.S. bank)
- Credit card: VISA MasterCard American Express

Credit card number _____ Expiration date _____

Cardholder's name _____

Signature _____

5. Mail or fax to:

Electronics Incorporated
56790 Magnetic Drive
Mishawaka, Indiana 46545 USA
Fax: +1-574-256-5222

For more information, call +1-574-256-5001

4. Attendee Information (One form per person, please. You may photocopy this form.)

IMPORTANT: Please print this information carefully and completely — this will be on your name badge and Certificate of Attendance. Your workshop confirmation will be mailed to this address. You may attach your business card in lieu of providing the information.

Name _____

Company Name _____

Title / Occupation _____

Mailing Address _____

Telephone Number _____

Fax Number _____ Email Address _____

Where did you hear about the workshop? The Shot Peener magazine www.shotpeener.com Brochure Email Other: _____

Please fax to: +1-574-256-5222