OIT WORKSHOP REGISTRATION FORM

1 **UMASS SPIRE ID #_____**

2 **NAME:_____**
LAST **FIRST**

DEPARTMENT_____

☐FACULTY ☐STAFF ☐UGRAD ☐GRAD ☐OTHER

UMass email address

_____
A University email address is required. Confirmation will be emailed prior to workshop date.

PHONE: _____

SAS I, Two Parts:
Feb. 13 & 15, 9:30 AM – 12 Noon **$20 ____**

SAS II, Two Parts:
March 12 & 14, 9:30 AM – 12 Noon **$20 ____**

SPSS I, Feb. 17, 9:30 AM – 12 Noon **$10 ____**

SPSS II, March 16, 9:30 AM – 12 Noon **$10____**

Payment must accompany registration. *Please note*: fees are non-refundable. Please include one of the following:

Speed type #_____ Check _____ Cash_____ UCard _____
Principle Investigator (required for speed type #) _____

Make checks payable to: **University of Massachusetts**.
Return registration form and payment to:

Office of Information Technologies Fax: (413) 545-3934
A119, Lederle GRC Lowrise, UMASS
Amherst, MA 01003-9306

For information on these workshops, see
http://www.umass.edu/statdata/software/workshops/