



- Stone Restoration Seminar -

Perth, WA

Wednesday – Friday

Participation Form

Participant's name: _____

Company's name: _____

Address: _____

_____ State: _____ Post Code: _____

Mailing Address: _____

_____ State: _____ Post Code: _____

Main Telephone No.: _____ Fax No.: _____

Mobile No: _____

E-mail Address: _____

Web Site: _____

Primary Current Activity: _____

How many years: _____ Business owner/employee (circle one)

How did you hear about this seminar? _____

COMMENTS: (to be completed at the end of seminar)

How would you rate the quality of this class? **E V G F P** (circle one)

Would you please share with us any comment or criticism you may have?

This seminar was conducted in conjunction with and according to the guidelines of the **International Training Centers for the Stone industry (ITCSI)**

www.thestonedoctor.net