



Program Registration

Please Mail To: The Logistics Council
Attn: Kurt Koenig
P.O. Box 1987
Waukesha, WI 53187

Make checks payable to "The Logistics Council"

Name of Program _____

Enclosed is a check for \$_____ for _____ reservation(s).

Please list name of attendees: _____

Company _____

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Questions? Please contact Kurt Koenig at:

E-mail: kkoenig@quikx.com

Telephone: 414-482-7468