

## Contract Course Request Form

### Contact/Course Information

Contact Name

Company

Address

City, State, Zip, Country

Phone

Email

*Please provide day and month for course:*

1st Choice

2nd Choice

3rd Choice

Length of Course:

Proposed course name/instructor – Option 1:

Proposed course name/instructor – Option 2:

Proposed course name/instructor – Option 3:

### Logistical Information

Venue

Room

Closest airport to venue

Will you provide transportation to/from airport/hotel/venue?



*Please provide hotel recommendation near the venue.*

Hotel Name

Address

City, State, Zip, Country

Phone  Website

**Billing Information**

Contact Name

Company

Address

City, State, Zip, Country

Phone  Email

**Additional Information**

*Please provide any additional information you feel is relevant to the success of this course:*

**Please return completed form to:**

Society of Exploration Geophysicists  
Attn: Professional Development  
8801 S. Yale, Ste 500  
Tulsa, OK 74137 USA

Phone: +1-918-497-5584  
Fax: +1-918-497-5557  
Email: [ce\\_request@seg.org](mailto:ce_request@seg.org).