



REGISTRATION FORM

COURSE LOCATION: ST PAUL, MN

COURSE DATES: OCTOBER 16-18, 2012

COURSE TIMES: 0800-1600

COURSE FEE: \$310.00

AGENCY NAME: _____

INDIVIDUAL RESPONSIBLE FOR REGISTRATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

PHONE: _____ FAX: _____

ATTENDEES NAME: _____

ATTENDEES NAME: _____

ATTENDEES NAME: _____

ATTENDEES NAME: _____

ATTENDEES NAME: _____

METHOD OF PAYMENT: INVOICE____ PAY AT SEMINAR____ PURCHASE ORDER____

CREDIT CARD: NUMBER _____

CREDIT CARD EXPIRATION DATE _____

CREDIT CARD THREE DIGIT CODE _____

FAX REGISTRATION TO 1-866-529-6152 ALL PAYMENT INFORMATION IS SECURED

ALL REGISTRATIONS WILL BE CONFIRMED AND RECEIPTS RETURNED WITHIN 24 HOURS