



**REGISTRATION FORM**

COURSE LOCATION: HAPEVILLE, GA

COURSE DATES: DECEMBER 4-6, 2012

COURSE TIMES: 0800-1600

COURSE FEE: \$275.00

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