

After completing this form, please fax it to 866.324.4552.

<b>CONTACT INFORMATION</b>	Contact Name ***				
	Organization				
	Phone ***		Fax		
	Email Address				
	Address ***				
<b>PAYMENT INFORMATION</b>	Check One: { } MasterCard, { } Visa, { } Corporate Visa or { } Discover Credit Card or { } Check ****				
	Card Number		Expiration (mm/yy)		
	Name on Card		3 Digit Security Code*		
	Authorized Signature		Date of Order		
<b>BILLING ADDRESS**</b>	CHECK HERE { } IF SAME AS CONTACT INFORMATION				
<b>YOUR ORDER</b>	Student Information -- if different from contact person			Workshop Date	Workshop Price
	Name	phone number	email address		
					\$
					\$
					\$
					\$
					\$
	Sub-Total -----				\$
	Multiple Student Discount (5% for 2 students, 10% for 3, 15% for 4 or more from same company attending same session) -----				\$
	Sub-Total -----				\$
Total -----				\$	

If you have any questions, please contact us at 440.477.9609

\* 3 digit security code on back of card.

\*\*Billing address MUST be identical to the address on your credit card statement.

\*\*\* Required information.

\*\*\*\* Checks from banks outside of the USA cannot be accepted.

Terms of Sale:

No refunds issued to students cancelling less than 2 weeks prior to start date of workshop or seminar.