

SEMINAR  
REGISTRATION  
FORM



# Accountants Client Aquisition Seminar in Barbados

YOUR NAME: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE/STATE \_\_\_\_\_ POSTAL/ZIP CODE: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**Seminar Fee primary attendee Firm. \$1795 USD**

Pre-registration deposit required: \$700 USD

**Associate from the same firm ATTENDING THE SEMINAR:**

FEE: \$897.50 USD  Deposit required: \$360 USD

**Accompanying people NOT attending the seminar:**

FEE: \$500 USD  Deposit required: \$250 USD

**Pay by Credit Card Authorization Form - VISA / MASTERCARD ONLY**

**PRINT, COMPLETE, SIGN AND FAX TO 866-323-8250**

Card Holder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Credit Card Type:  VISA  MASTER CARD Expiry Date: \_\_\_\_\_

Credit Card Number

CSC Number (3 digits on back of card)

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_