

Company of
Experts.net

1140 N. Town Center Drive Suite #270 | Las Vegas | NV | 89144 |Tel: (702) 228-4699
Workshop Registration Form

PLEASE FAX TO 702.242.6182

Please have this form completed for each participant attending.

Workshop Title: _____ Date(s) of Workshop: _____

Last Name, First Name: _____

Address: _____

Email Address: _____ Phone: _____ Fax: _____

Organization You Work For: _____

Your Title: _____

How did you hear about this workshop?: _____

Check One: Visa _____ MasterCard _____ AMEX _____ Discover _____

Amount Paying: \$ _____ ** Payable in U.S. Dollars

Exact name on credit card: _____

16-digit number: _____

Expiration date of credit card: _____

Three-digit code on back of credit card: _____ Today's Date: _____

Credit card billing address (must match monthly statement information)

P. O. Box/Street Address _____

City/State/Country: _____ Zip/Postal Code _____

Please complete both sections of this form and fax it to 702.242.6182. Your credit card will be charged upon receipt. If the workshop is cancelled you will be offered the opportunity to attend the same class when offered again or to use these funds as a credit toward other workshops or trainings we offer.

If payment is by check or purchase order please complete the top of this form, fax it to 702.242.6182, **Make check payable to Company of Experts.net.** and mail a copy with your check to the above address. Payment must be received prior to the workshop unless a PO is approved.