

REGISTRATION FORM



“From The Classroom To The Boardroom”

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| | | |
|--------------------------|------------|------------|
| NAME FOR CERTIFICATE | | |
| FULL ADDRESS | | AGE |
| KNOWN MEDICAL CONDITIONS | | |
| NAME OF PARENT/GUARDIAN | | |
| HOME PHONE | WORK PHONE | FAX |
| E-MAIL | | CELL PHONE |

SEMINAR DATE: Call for date of next session

SEMINAR FEES: \$250.00

METHOD: A deposit of \$75.00 is required to reserve your place in this seminar.
OF PAYMENT: Your deposit is non-transferable and non-refundable.
A 3% registration fee is assessed on all credit card transactions.

Check Money Order Cash

CC#: _____

Expiration Date: _____ 3-Digit Code _____

FAX OR EMAIL TO: 242-325-6597 OR stacia@totalimagemanagement.com (By attachment)

Participants must attend the required number of hours to receive a certificate.
Your deposit holds you a place and is non-refundable and non-transferable. Parent/Guardian Please sign or type in your name and return the form by fax or e-mail attachment.

Signed or Typed.....Date.....