

REGISTRATION FORM

Name _____ Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Fax Number _____

License (s) and License No. (s) _____ Would you like to be on our e-mail list? Yes No
(required for registration confirmation)

EVENT SELECTION Please indicate which event(s) you wish to attend. You may register for more than one at a time.

| EVENT NAME | REGULAR PRICE | STUDENT PRICE | GROUP DISCOUNT |
|--|---|----------------------------------|-----------------------------------|
| Sacred Space: The Ethics of Religion | <input type="checkbox"/> \$45.00 | <input type="checkbox"/> \$22.50 | <input type="checkbox"/> \$30.00 |
| Mindfulness-Based Stress Reduction | <input type="checkbox"/> \$140.00 | <input type="checkbox"/> \$70.00 | <input type="checkbox"/> \$125.00 |
| Taking In The Good | <input type="checkbox"/> \$75.00 | <input type="checkbox"/> \$37.50 | <input type="checkbox"/> \$60.00 |
| PAYMENT | Subtotal | | |
| <input type="checkbox"/> Check or money order enclosed (payable to Salesmanship Club Youth and Family Centers) | Late Fees Add \$10 for fees paid within 36 hours of event date Total Fee(s) Enclosed | | |
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Mastercard VISA American Express

Card Number _____ Card Validation Code *(3-digit code at the end of credit card number on back of card)* _____

Expiration Date _____

Cardholder Name _____ Signature _____

GROUP INFORMATION Each group must designate one contact for confirmation purposes.

Group Contact Name Phone E-mail