PLEASE COMPLETE REGISTRATION FORM

PLEASE PRINT:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE:*(home)* ___ ___ ___ **TELEPHONE:***(work)* ___ ___ ___
area code prefix *number* area code prefix *number*

TELEPHONE:*(cell)* ___ ___ ___ **E:MAIL ADDRESS:** _____
area code prefix *number*

CREDIT CARD INFORMATION:

three digit code:

TYPE CARD: _____ **CARD NUMBER:** _____ **CVC :** _____

NAME AS IT APPEARS ON THE CARD: _____

BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

2.5% SURCHARGE VISA & MASTERCHARGE
3.5% SURCHARGE AMERICAN EXPRESS