



PRESENTS

The Power & Boldness of Authentic Promotion

A ONE-DAY
TRANSFORMATIONAL
WORKSHOP

REGISTRATION FORM

Please type in or print clearly. Thank You!

Name _____ Company (if applicable) _____

Billing Address _____

City _____ State _____ Zip _____

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Tuition:

\$250 (USD and CDN)

Method of Payment:

Check

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How Did You Hear About The Workshop?

Fellow Colleague: Name _____ Other _____

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Send Registration form with credit card information or check payable to:

By Mail: 2713 Sheldon Ct. El Sobrante, California 94803

By Fax: 510-758-3058 or by phone 510-758-3057

Cancellation Policy: If you let us know within 21 days of the course, we will refund 100% less an administrative fee. After that date you will be responsible for the full course fee.