



# REGISTRATION FORM

Office Name:	Contact:		
Address:	City:	State:	Zip:
Phone:	Fax:		
Email Address:			Account #:

## PARTICIPANT INFORMATION

Participant Name or Number of Attendees	Seminar/Class Name	Seminar/Class Date	Fee
<b>TOTAL</b>			

## GENERAL INFORMATION AND CANCELLATION POLICY

Genius Solutions requests five (5) days notice for cancellations. If less than five (5) days notice is given, Client will be charged the full training fee. All other cancellations are subject to a \$25 cancellation fee.

## PAYMENT INFORMATION

**I acknowledge that I have a copy of this agreement and cancellation policy.** I understand that unless otherwise stated, my Genius Solutions, Inc. account will be charged for requested training. I will be responsible for payment upon receipt of invoice. I have read and understand the Cancellation Policy and understand that I will be responsible for all cancellation fees.

X \_\_\_\_\_  
 Signature Title

\_\_\_\_\_ Date  
 Printed Name

### CREDIT CARD PAYMENT FORM

You may pay your classroom registration fees by using your MasterCard, Visa or American Express card. If you wish to use this method of payment, please complete the following information.

<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express	_____	
	Cardholder Name (Please Print)	
_____	_____/_____ Exp. Date	_____ Security Code
_____	Billing Address for this Credit Card	
Signature of Cardholder		

**Space is limited so register today!**

Fax completed form to 586-751-9230. If you have any questions please contact Training at 586-751-9080 ext. 256.