



REGISTRATION FORM

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

PARTICIPANT INFORMATION

Participant Name	Seminar/Class Name	Seminar/Class Date	Fee
TOTAL			

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 seminar fee. All other cancellations are subject to a \$25 cancellation fee. By registering you agree to these terms and understand all cancellation fees.

INVOICE MY GENIUS SOLUTIONS ACCOUNT

I understand that unless otherwise stated, my Genius Solutions, Inc. account will be charged for requested seminar/class. I will be responsible for payment upon receipt of invoice.

X _____ Title _____
 Signature

_____ Date _____
 Printed Name

OR PAY BY CREDIT CARD

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

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

Please fax completed form to 586-751-9230. Genius Solutions will fax back a confirmation