



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 |
|---|--------------------|--------------------|-----|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

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

 Printed Name Date

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) | |
| _____ Card Number | ____/____ Exp. Date | _____ Security Code |
| _____ Signature of Cardholder | _____ Billing Address for this Credit Card | |