

Event Registration

Event: Wisdom Martial Arts – Adult Date/Time: June 23, 2007 1-5PM

Contact Information:

Name: _____ Today's Date: _____

[As it should appear on your seminar "Certificate of Completion"]

Parent(s)/Guardian(s) _____

Birthdate: _____ Gender: _____

Title: _____ Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: (w) _____ Phone: (m/h) _____

Fax: _____ Email: _____

Your organization or school: _____

Who referred you to this seminar/How did you hear about this seminar? _____

Please share your reason(s) for attending this seminar: _____

Waiver:

I understand that WISEMEDITATION events do not provide medical advice or diagnosis of health conditions. WISEMEDITATION, Del Pe and its event leaders are not liable for any loss, health effect or other consequence of using or indirectly applying any technique or practice of this event and services provided. I understand that the information and materials presented in this program are copyrighted and cannot be reproduced or taught without written consent from WISEMEDITATION.

Signature: _____ Date: _____

Office Use Only

Prepared By: _____ Date: _____

Seminar Information:

Sem. Retail Price \$165 at door, \$145 pre-registered Seminar Leader: Master Del Pe
 Seminar Date: Saturday, June 23, 2007 Organizer(s): Sharon Fagan and Alaina Driscoll
 Seminar Space: North Haven Healthtrax Recruiter: _____
 Area/Country: New Haven County - CT

Payment Information:

Student Type:	Seminar Fee:	Payment:
<input type="checkbox"/> New Student- Pre-Registered	Retail Price: \$	Seminar Fee \$
<input type="checkbox"/> New Student- After Pre-Reg or at the door	Review Fee: \$	- Discount Amount \$
<input type="checkbox"/> Review-Repeat Student (25 % of new fee)	Review Fee \$	= Total Seminar Fee \$
<input type="checkbox"/> Sponsored Student	\$0.00 fee \$	Amount Paid: \$
<input type="checkbox"/> Scholarship by Organizer	Org. Scholar \$	Balance Due: \$
<input type="checkbox"/> Scholarship by Trainer	Tr. Scholar \$	Collectible Due Date: \$ Paid
<input type="checkbox"/> Payment Plan (50% of retail/list price)	Pay Plan \$	\$ Balance
<input type="checkbox"/> Total to be collected (50% retail/list price)	Collectible \$	
Marketing Discounts:	Discount Amount	Payment Method:
<input type="checkbox"/> Family Discount (25% off 2+ family member)	Family Dis. \$	<input type="checkbox"/> Cash: \$ <input type="checkbox"/> Check #: \$
<input type="checkbox"/> Promotional Discount (10% off 2 nd person)	Promo Dis. \$	<input type="checkbox"/> Credit Card: \$
<input type="checkbox"/> Multiple Seminar Dis. (10% off 2+ seminars)	Multiple Dis. \$	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AE <input type="checkbox"/> Other:
<input type="checkbox"/> Group Discount (15% off 5+ attendees)	Group Dis. \$	Cardholder Name:
<input type="checkbox"/> Volunteer (50% off for 3 attend. recruited)	50% Volun. \$	CC #:
<input type="checkbox"/> Volunteer (100% off for 5 attend recruited)	100% Volun. \$	Exp. Date:
<input type="checkbox"/> Other Discount:	Other: \$	<input type="checkbox"/> Date CC Charged/By: