

# Event Registration

Event: Wisdom Martial Arts – Kids Date/Time: June 23, 2007 9-12PM

**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	\$145 at door, \$125 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 \$	<b>= Total Seminar Fee</b> \$
<input type="checkbox"/> Sponsored Student	\$0.00 fee \$	
<input type="checkbox"/> Scholarship by Organizer	Org. Scholar \$	Amount Paid: \$
<input type="checkbox"/> Scholarship by Trainer	Tr. Scholar \$	<b>Balance Due:</b> \$
<input type="checkbox"/> Payment Plan (50% of retail/list price)	Pay Plan \$	Collectible Due Date: \$ Paid
<input type="checkbox"/> Total to be collected (50% retail/list price)	Collectible \$	\$ Balance

  

Marketing Discounts:	Discount Amount
<input type="checkbox"/> Family Discount (25% off 2+ family member)	Family Dis. \$
<input type="checkbox"/> Promotional Discount (10% off 2 <sup>nd</sup> person)	Promo Dis. \$
<input type="checkbox"/> Multiple Seminar Dis. (10% off 2+ seminars)	Multiple Dis. \$
<input type="checkbox"/> Group Discount (15% off 5+ attendees)	Group Dis. \$
<input type="checkbox"/> Volunteer (50% off for 3 attend. recruited)	50% Volun. \$
<input type="checkbox"/> Volunteer (100% off for 5 attend recruited)	100% Volun. \$
<input type="checkbox"/> Other Discount:	Other: \$

  

Payment Method:	
<input type="checkbox"/> Cash: \$	<input type="checkbox"/> Check #: \$
<input type="checkbox"/> Credit Card: \$	
<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AE <input type="checkbox"/> Other:	
Cardholder Name:	
CC #:	
Exp. Date:	
<input type="checkbox"/> Date CC Charged/By:	