** Seminar Registration**

**SpaceEvent, LLC**

**www.EventSpaceFun.com**

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**Learner’s Information (Please Print):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | How did you learn about us: | | | | |
| Occupation: | | | | | |
| Street Address: | | | | | Suite/Apt: |
| City: | | | State: | Zip: | |
| Phone: | | | Cell: | | |
| Email: | | How many people are registering with you: | | | |

**Emergency Contact (Please Print):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Relationship: | | | | |
| Street Address: | | | | Suite/Apt: |
| City: | | State: | Zip: | |
| Phone: | Email: | | | |

**Seminar/Workshop “One Day” Sessions:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates:** | **Day and Session:** | **Time:** | **Select Choice:** |
| 07/16/2011 | Saturday – AM Session | 9am to 1pm |  |
| 07/17/2011 | Sunday – PM Session | 1pm to 5pm |  |
|  |  |  |  |
| 08/20/2011 | Saturday – PM Session | 1pm to 5pm |  |
| 08/20/2011 | Sunday – AM Session | 9am to 1pm |  |

**Payment Method:**

|  |  |
| --- | --- |
| Name on Credit Card: | |
| Street Address: | |
| City, State, & Zip: | |
| Type of Payment: | Number: |
| Expiration: | Security Code (CVV): |
| Group or Individual Rate: | MISC: |

**Signatures**

By signing below, learner acknowledges that he/she has authorized the charges for the seminar fee listed on this document and that he/she understands that a full refund is guaranteed if request for cancelation is received at least 24 hours prior to the first course day via email. Please send refund request to via email: NDeHaarte@EventSpaceFun.com.

|  |  |
| --- | --- |
| Learner (Print Name): | Seminar Processing Representative: |
| Signature: | Signature: |
| Date: | Date: |