



Watson & Associates, LLC
SEMINAR REGISTRATION FORM

Please fax or email this form to our office

SECTION A: REGISTRATION INFORMATION

Purchaser's name: _____

Organization name: _____

Organization industry: _____

Company telephone: _____

Company address: _____

Contact email address: _____

Name(s) of representatives that will be present: _____

SECTION B: PAYMENT INFORMATION

Date: _____

Name on card: _____

Cardholder billing address: _____

Phone number: _____

Amount to be charged: _____

Type of card (Sorry, we can't accept American Express): _____

Credit card number: _____

Expiration date: _____

Authorization signature: _____

Classes will have a minimum of 30 participants and a maximum of 40 participants. Training is offered on a first-come-first-serve basis. If you'd wish to change your registered representatives after the point of payment, simply contact our office.

Cancelations made within seven (7) days of the selected course date will receive a 75% refund of the total purchase price.

Watson & Associates, LLC
925 S. Niagara Street, Suite 600
Denver, Colorado 80224
(866)601.5518



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