Seminar Registration Form

Please write clearly in BLOCK CAPITALS. Mail, fax or email information entered on this form, to Credit Guru Inc, *Corporate Credit & Receivable Management Solutions* division. (Details given at the bottom of this form). Photocopies are acceptable. Please photocopy for your own records.

1. Attendee, Course and Company Information

Course Name: BUDGETING FUNDAMENTALS FOR NONFINANCIAL MANAGERS	Location:	Date
First Name:	Last Name:	
Company Name:		
Salutation: *Delete as applicable* Mr / Mrs / Miss / Ms / Other ___	Title:	
Correspondence Address:	Telephone:	
	Mobile:	
	Fax:	
City:	Email:	
Country: Postcode:		
Invoice Address: *If different than above.*		
City: Country:	Postcode:	
Comments/ Instructions: *if any*		
How did you hear about Us? Website ☐ Fax ☐ Family/ Friend ☐ Sales Rep ☐ Advert ☐ Brochure ☐ Other _____		

2. Method of payment *Please check the appropriate method of payment.* [FEE = $395/attendee | $375/attendee - for 2 or more attendees]

If registering more than one attendee please use separate forms but send the forms together to receive the TEAM SAVINGS REBATE.

A. Invoice: i) Invoice me ☐ OR ii) Invoice my Company ☐

B. Cheque/Check
I enclose a cheque for: Total fees $ (add 13% HST) ☐ [Make payable to 'Credit Guru Inc.' and mail to the Address given below.]

C. Credit card
I wish to pay by credit card. Please charge the: Total fees $ (add 13% HST) ☐ to my Visa / MasterCard / American Express
(Delete as applicable)

Card number: ☐☐☐☐/☐☐☐☐/☐☐☐☐/☐☐☐☐ Expiry date: ☐☐/☐☐
(Visa/MasterCard)
Card number: ☐☐☐☐/☐☐☐☐☐☐/☐☐☐☐☐ Expiry date: ☐☐/☐☐
(American Express)

Cardholder name: Cardholder signature:

Cardholder address:

3. Authorization *Please have an authorized person sign the form to confirm this registration*

Signature: _____ **Date:** Day ☐☐ Month ☐☐ Year ☐☐☐☐

Name: _____ **Title:** _____

If you wish to receive news and information about Credit Guru Inc's other courses please check this box ☐

Credit Guru Inc.

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