

Registration Form



CONTINUING
EDUCATION
EDUCATION
CONTINUING

Contact Information

Name*:	_____	Title*:	_____
Company:	_____		
Address*:	_____		
City*:	_____	State*:	_____
Zip/Postal Code*:	_____		
Phone*:	_____	Fax:	_____
Email*:	_____		

* Required field

Seminar Information

Course Number:	_____	Requested Date:	_____
Course Name:	_____		
Additional Attendees:	_____		
	First Name	Last Name	Title
Additional Attendees:	_____		
	First Name	Last Name	Title
Additional Attendees:	_____		
	First Name	Last Name	Title

Fee Calculation

Seminar Cost [†] :	\$ _____	[†] Use the price listed in the course information box on the website at www.ZurbeeCE.com and multiply by the total number of attendees.
Total # of Attendees:	_____ X	
Total Cost:	\$ _____	

Payment Information

Payment Type:	<input type="checkbox"/> Check*	<input type="checkbox"/> Credit Card via PayPal [‡]
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* Send Checks with the form to the mailing address below [‡]Go to www.ZurbeeCE.com and select "Pay for a course" at the bottom of the page

Please mail the form to **Zurbee, LLC • PO Box 2875 • Olathe, KS 66063** with a check for the full amount. If you have any questions, please call us at (866) 611-3041 or visit our website at www.ZurbeeCE.com