

Registration Form

I am registering for the following:

- Course 100 – Date: _____ Location: _____
- Course 200 – Date: _____ Location: _____
- Course 300 – Date: _____ Location: _____
- Course 400 – Date: _____ Location: _____

Class starts at 9 a.m. and ends at 5 p.m. Continuing education hours: 7.5

Each course is \$295 and includes lunch and parking. Course 100 also includes an HP 10B II calculator.

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Preferred Phone: _____

Email: _____

Credit Card: VISA or MasterCard (circle one)

Card No. _____ Exp. Date: _____

Name on Card: _____

I authorize the above listed credit card to be charged for the course(s) selected above. I realize that my card will be charged immediately, and should I cancel within seven (7) days of the class date, I will be charged a \$50 cancellation fee. Any cancellation prior to that time will result in a full refund. Only one class is charged at a time.

Approved: _____ Date: _____

Diane Peterson Seminars



diane@dpseminars.com

503-310-0233(direct)

1-800-897-1566 (f)

Mailing address for checks: DP Seminars, 15535 NW Par Ct., Portland, OR 97229