

Directories of Accountants Seminar

Client Acquisition Marketing and Promotion Seminar for Accountants and Bookkeepers



SEMINAR REGISTRATION FORM

YOUR NAME: _____ BUSINESS NAME: _____

ADDRESS: _____ CITY/PROVINCE/POSTAL/ZIP CODE _____

CONTACT PHONE NUMBER: _____ E-MAIL ADDRESS: _____

Seminar Fee: \$1,795.00 USD Per Attendee

Accompanying people **ATTENDING THE SEMINAR**: ---\$ 897.50 USD Per person

Accompanying people **NOT ATTENDING THE SEMINAR**: \$ 500.00 USD Per person

NUMBER OF ATTENDEES IN YOUR GROUP: _____

TOTAL SEMINAR FEE: \$ _____

PAY BY CREDIT CARD AUTHORIZATION FORM

PRINT, COMPLETE, SIGN AND FAX TO 866-323-8250

PAYMENT INFORMATION

VISA—MASTER CARD ONLY

CARD HOLDER NAME: _____

BILLING ADDRESS: _____

BILLING CITY: _____ PROVINCE/STATE _____ POSTAL/ZIP CODE: _____

COUNTRY: _____ CELL PHONE: _____

CREDIT CARD NUMBER:

CREDIT CARD TYPE: VISA MASTER CARD EXPIRY DATE: _____

CSC NUMBER: _____ THIS IS THE LAST 3-DIGIT NUMBER ON THE BACK OF THE CREDIT CARD

CARD HOLDER SIGNATURE: _____ DATE: _____

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www.directoriesofaccountants.com/offshoreseminarhtm