

Registration Form



The Wedding
INSTITUTE

Monday, April 26th, 2010
Receptions Fairfield
Fairfield, OH 45014

Personal Information:

Name: _____

Organization: _____

Address: _____
(Street) (City) (Zip)

Phone: _____ Fax: _____

Email: _____

Please place an "X" next to the session you wish to attend:

___ SESSION I: "Creating Raving Fans" 8:30am – 10:30am \$30.00
___ SESSION II: "Maximizing Resources to Grow" 11:00am – 1:00pm \$30.00
___ BOTH SESSIONS: \$50.00

** Registration begins at 8am for Session I and 10:30am for Session II*

Payment Information:

Classes must be paid for in full by April 25th, 2009

Credit Card Number: _____

Card Type: _____ Visa _____ MasterCard

Expiration Date: _____

Three Digit Security Code: _____

Name as it appears on Card: _____

*** Fax this form and your complete credit card information to
(513) 385-0698. Or, mail to: P.O. Box 53203, Cincinnati, OH 45253**

Checks Made Payable to: Perfect Wedding Guide

*** Mail this form and check to: P.O. Box 53203, Cincinnati, OH 45253**

If you prefer to call in your payment information, please contact
Julie Clayton (513) 460-6811.