



**SEMINAR REGISTRATION FORM**

Please complete this form and return it with your payment.

PLEASE PRINT

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

\*\* Cost per person is \$35.00

\*\* Groups of 3 or more (same company) is \$25.00 per person

Name of Attendees	Cost	Group
_____	\$35	\$25
_____	\$35	\$25
_____	\$0	\$25
_____	\$0	\$25
_____	\$0	\$25
Amount Enclosed	\$ _____	

**If you have more than 5 people attending, please use the back of this sheet for their names.**

\_\_\_\_ Check enclosed – payable to:  
TF Forming Systems

\_\_\_\_ I will bring check or cash to seminar

\_\_\_\_ Please charge to the following account: (Circle One)    Visa    MasterCard

Card # \_\_\_\_\_

Exp.Date \_\_\_\_\_ CVV# \_\_\_\_\_  
On back of card

Cardholder's Name \_\_\_\_\_

Billing Address of Card \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_  
(I authorize TF System to charge my card above)