



Freedom Designs, Inc

Seminar Registration Form

Seminar Location: _____ Dates: _____
Contact Name: _____ Title: _____
Company/Organization: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____
Phone: _____ Fax: _____

Please include either an **Email Address** or a **Fax Number** in order to receive your confirmation.

Registration Fees:

“Simply Seating”: 1-Day Seminar = \$125.00 per person

“Seating: Bottom To Top”: 2-Day Seminar = \$225.00 per person

If two individuals are registered for either seminar, a third person may attend for free.

A discounted rate of \$75.00 (1-Day) or \$125.00 (2-Day) per person is available for therapists employed by hospitals, schools, or therapy centers **ONLY**. No additional offers or discounts apply to those eligible to receive the discounted rate.

Registration fees must be paid or invoiced prior to seminar date.

Attendee Name:	Title:	Shirt Size (s-xxl):	Fee:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Fees:			_____

Form of Payment:

Dealer Approved PO#: _____ Account #: _____

Check Enclosed Check #: _____

Credit Card Visa Mastercard

Card Number: _____

Expiration Date: _____

Name as it appears on card: _____

Please fill out this form completely (including payment method information) and either email it to:

marketingseminars@freedomdesigns.com or send it to our secure fax at: (805) 583-2840

If emailed, please put “Seminar Registration” in the subject line

or

Mail this form, with payment, to: Attn: Seminar Manager, Freedom Designs, Inc.
2241 N. Madera Road, Simi Valley, CA 93065

If you do not receive a confirmation within 7 business days please contact us immediately. Seminars are subject to cancellation and/or reschedule. Please see our website www.freedomdesigns.com for further information.