

Seminar Registration Form

Name of the seminar: _____

Date of the seminar: _____

Your name and credentials: _____

Home address: _____

E-mail address for registration confirmation: _____

Home/cell phone: _____ Work phone: _____

Place of employment: _____

Type of unit: _____

Seminars you wish to attend:

| <u>Date</u> | <u>Title</u> | <u>Location</u> | <u>Cost</u> |
|-------------|--------------|-----------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Total cost: | | | _____ |

Please make all checks or money orders payable to Educational Concepts, LLC
(Sorry we do not accept credit cards at this time)

Mail completed registration form and payment to: Educational Concepts, LLC
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Phone: 419-305-3043
E-mail: cindy@edconcepts.net