

Seminar Registration Form

Please Print

Please Fax completed forms to: 661-294-5203
To confirm receipt of fax call 661-294-9375

Name: _____
 Home Address: _____
 City _____ State _____ Zip _____
 Home Phone: _____ Cell Phone: _____
 E-Mail: _____

Business Name: _____
 Business Address: _____
 City _____ State _____ Zip _____
 Bus. Phone: _____ Bus. Fax: _____
 Bus. E-Mail: _____

Workshop Title	Location	Date	Time	Fee
Restaurant Seminar	Aliso Hall 101, College of the Canyons 26455 Rockwell Cyn Rd	August 18,2008	8am-12:30pm	\$69 Seminar Fee
Total:				\$69

Payment Options

Credit Card: Visa Mastercard Discover AMEX

Card # _____ - _____ - _____ - _____ Expiration Date: _____

Name (as it appears on card): _____

Authorized Signature: _____