

OBC TRAINING PARTNER

Seminar Registration—Half-Day Session

DATE: Feb. 18, 2010 **LOCATION:** Miami/Coral Gables

COMPANY NAME: _____

CONTACT NAME: _____

ATTENDEE'S NAME(S): (*Name that will be printed on name badge*)

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ FAX: _____

E-MAIL ADDRESS: _____

PROGRAM : 1:00 P.M. TO 4:00 P.M.

NON-MEMBERS OF OBCAI

_____ ATTENDEES @ \$125.00 PER PERSON = \$ _____

OBCAI MEMBERS

_____ ATTENDEES @ \$99.00 PER PERSON = \$ _____

TOTAL REGISTRATION: \$ _____

[NOTE: YOUR RECEIPT WILL READ FROM *THE EXECUTIVE SUITE INSTITUTE*]

VISA MC AMEX DISCOVER

CREDIT CARD NUMBER: _____ EXP. DATE: _____

CSV CODE: _____

(CSV Code: 3 digits on back of VISA, Discover, and MasterCard; 4 digits on front of AmEx card)

YOU MAY ALSO PRINT & FAX COMPLETED FORM TO (773) 472-1859

REGISTER ONLINE: https://www.executivesuiteinstitute.org/conf_reg.cfm