



**SHEPHERD MULTIMEDIA**

512 East Dallas Road \* Suite 300 \* Grapevine, TX 76051

Phone: 800-646-8336

Fax: 817-310-0396

## Seminar Registration Form

**Please complete and fax back ASAP so that we may hold space(s) for you. However, while you are obligated for payment regardless of actual attendance, your reservation is not concretely confirmed until we receive your payment.**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Seminar Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Seminar City: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_ Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Registrants:

Morning Session **Only**: \_\_\_\_ x \$30 = \$\_\_\_\_\_

All Day: \_\_\_\_ x \$45 = \$\_\_\_\_\_

Total: \$\_\_\_\_\_

Method of payment:      Visa              MC              I Will Mail A Check  
(Please circle one)

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration Date: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

I understand that return of this form will hold a space and reserve a meal for my group. Registrations are transferable but not refundable. I agree to be fully financially responsible for the above registrations regardless of my actual attendance.

Signed: \_\_\_\_\_