



Event Planning Registration Form

1. INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt: _____

Email: _____

2. ADDITIONAL INFORMATION

Company: _____

Staff: _____

Number of Participants: 1-5 6-10 11-15 16-20 Please specify: _____

Type of Workshop: (one-on-one) (classroom) (other)

Would you be interested in a series of workshops? Yes No Maybe

How did you hear about us? _____

PLEASE INDICATE ANY SPECIFIC CONCERNS

Other: _____

Please advise what you or your company hopes to accomplish: _____

SIGNATURE REQUIRED

Contact Signature

Date

**Method of Payments: Certified Funds, Money Order, or Cash (Course fee is Non-Refundable)*

Payments may be mailed to:
19785 West 12 Mile #625 ~ Southfield, MI 48076