

To register, please indicate which seminar(s) you will be attending by filling in the areas below.

Seminar Title:	Seminar Date:	Seminar Price:
_____	_____	\$ _____
	MM/DD/YY	
Seminar Location:		*Discount Rates Available if bringing a staff member or for groups of 5 or more.

Attendee Information:

Attendee Name: _____	Additional Attendees (Same Company):
Title: _____	
Company Name: _____	
Phone: _____ Fax: _____	
Address: _____	
City: _____ State: ___ Zip: _____	
Email: _____	
	Name: _____
	Name: _____
	Name: _____
	Name: _____
	Name: _____
	Name: _____

Pre-Payment Billing Information:

Fill out this section for pre-payment only. Registration fee may also be paid the day of the seminar by cash, check or credit.

Name on Card: _____	Phone: _____
*Credit Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX	
Card Number: _____	Address: _____
Exp Date: ____ / ____	_____
Security Code: _____ (Back of Card)	City: _____
Signature: _____	State: _____ Zip: _____

*Only MasterCard, VISA and AMEX accepted (if paying by credit)

*Cancellations must be received in writing at least 48 hours prior to event for full refund.

Mail To: Advantage Legal Seminars
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For more information about seminar locations, directions and the seminars, visit www.AdvantageLegalSeminars.com.