



“Fireproofing Your Job” Registration Form

The conference fee is \$195.00 plus GST @5% (Registration No. 891778706RT0001)

Date of conference: Wednesday, December 10, 2008

Name: _____ **Title:** _____

Company and address: _____

Phone no: _____ **Email address:** _____

Date: _____

Please return this form by fax to 905-427-0766 or scan and email to jan@usheroff.com

You can be assured of complete confidentiality.



Thank you for registering for Fireproofing Your Job Conference. In order to secure your attendance, we require that you sign this contract indicating that you agree to the terms of our cancellation policy below, and fax to 905-427-0766 or scan and email to jan@usheroff.com .

Our Cancellation Policy is as follows:

If you must cancel your participation at the conference, you can choose to send a substitute. A full refund will be given if Roz Usheroff and Terry Szwec are unable for any reason to host the conference. No refunds will be given for any other reason.

We look forward to seeing you soon!

Name: (please print) _____

Signature: _____

Title: _____

Company: _____

Phone no: _____

Email address: _____

Date: _____

Fireproofing Your Job conference date: _____



Authorization to Charge Credit Card

*****Please PRINT legibly and fill out this form in its entirety*****

Name printed on card: _____

Billing Address (where credit card statements are received):

We authorize The Usheroff Institute, Inc. to charge the following amount:

\$204.75 (includes 5% GST)

to the following credit card: MasterCard Visa American Express

Account No.: _____

Expiration Date: _____ / _____

CVC Security Code*: _____

For VISA & MC: *3 Digit code on back of card - follows last 4 digits of credit card number.

For Amer.Express: *4 Digit code on front of card just above end of embossed card number.

WE MUST HAVE THIS 3 OR 4 DIGIT CODE IN ORDER TO PROCESS THIS TRANSACTION

to pay Invoice No(s): _____ (for office use only)

to pay for participation in: *Fireproofing Your Job Conference*

Authorized Signature: _____

Print Signed Name: _____

You can be assured of complete confidentiality by returning this form by fax to 905-427-0766

If you prefer, you can scan the document and email to jan@usheroff.com

When payment has been approved, we will send you a confirmation and receipt.