

SEVENPOINT2 UNIVERSITY

REGIONAL PRE-REGISTRATION



PLEASE PRINT LEGIBLY!

ATTENDEE INFORMATION:

Individual Ticket Prices:

Attendee Name *(as it will appear on name badge)*

Attendee City & State *(as it will appear on name badge)*

7.2 Representative ID#



BILLING INFORMATION:

Name *(as it appears on credit card)*

Billing Street Address

Billing City, State and Zip Code

Email Address *(required for processing)*

Credit Card Information (Visa, MC or AMEX):

Credit Card Number

Exp Date: _____ Security Code: _____

Signature X _____

I understand that all sales are final and that there are no refunds or exchanges for this event registration.

I understand that there are no guarantees regarding income, and the success or failure of each Associate, like in any other business, depends upon each Associates skills, personal effort, and other circumstances outside the control of SevenPoint2 / SevenPoint2University™ (herein referred to as the "Company").

I choose to attend this Company event and understand that recordings and photographs will be taken in the course of the event. I hereby grant to the Company permission to film, photograph, video record and otherwise record my image, voice, or any other aspect of the Event (collectively the "Recording") and the perpetual right to use the Recording and my name in any manner or media and for any purposes without any additional consideration. I shall have no right of approval and no legal claim arising out of any use or editing of the Recording or my name. The Company shall have no obligation to use any of the rights I grant. I represent that it is not necessary for the Company to obtain permission from or to pay any third party in connection with the rights granted in this paragraph. I acknowledge and agree that any such Recordings shall be the sole property of the Company and its assigns.