

# WEBINAR REGISTRATION FORM

**FAX: 303-629-1591 ♦ MAIL: 5310 Ward Rd., Ste. 211, Arvada, CO 80002 ♦ E-MAIL: [info@cftws.org](mailto:info@cftws.org)**

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**WEBINAR TITLE:** \_\_\_\_\_

**WEBINAR DATE :** \_\_\_\_\_

- ☐ **Live Presentation = \$255 One Location / \$150 Each Additional Location**
- ☐ **6-Month On-Demand Recording and Handout Weblink = \$255**
- ☐ **Live Presentation and 6-Month On-Demand Recording and Handout Weblink = \$355**
- ☐ **Audio CD Recording and Printed Handout = \$295**
- ☐ **Entire Package including Live Presentation, Weblink and CD Recording = \$395**

## YOUR ORGANIZATION'S INFORMATION

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address/City/State/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**BRANCH LOCATION NO. 1:** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**BRANCH LOCATION NO. 2:** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**BRANCH LOCATION NO. 3:** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**BRANCH LOCATION NO. 4:** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**BRANCH LOCATION NO. 5:** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

## PAYMENT OPTIONS (Choose One)

☐ Bill Organization (applicable for ALL Locations listed above) - **Authorized Signature for Billing** \_\_\_\_\_

☐ Check Enclosed (payable to CFTWS)    ☐ Visa    ☐ MasterCard # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

**REGISTRATION CONFIRMATIONS MADE VIA E-MAIL ONLY. IF NO E-MAIL IS PROVIDED, PLEASE CALL TO CONFIRM.**

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