

TPMI COMPREHENSIVE SEMINAR

Registration Form

Please complete the form below and fax it to TPMI at 608-463-7477

Office Name: _____

Phone Number: _____

Please check one:

- \$175.00 Student (including spouse)
 \$299.00 Solo Doctor (including spouse)
 \$399.00 Doctor (including spouse) & Office Staff

YES! Please reserve _____ seat(s) for me for the seminar being held on _____

Name(s) of attendees

Please charge my credit card \$_____.

TO RESERVE YOUR SEAT AT THIS COMPREHENSIVE SEMINAR, COMPLETE AND RETURN THIS REGISTRATION FORM. YOU WILL BE CHARGED A 50% DEPOSIT THE MONDAY BEFORE THE SEMINAR, AND THE REMAINING BALANCE WILL BE CHARGED ON THE MONDAY FOLLOWING THE SEMINAR.

Visa MasterCard American Express

Name as it appears on card: _____

Billing Address (statement is mailed to):

Credit card number: _____

Expiration date: _____

V-code (3 numbers on the back of your card or 4 numbers on front of Am Ex): _____

Signature or input full name for credit card use approval:

Total Practice Management International

www.tpminternational.com