

## **Seminar Registration Form**

Please write clearly in BLOCK CAPITALS. Mail, fax or email information entered on this form, to Credit Guru Inc, *Corporate Credit & Receivable Management Solutions* division. (Details given at the bottom of this form). Photocopies are acceptable. Please photocopy for your own records.

## 1. Attendee, Course and Company Information

Course Name: SARBANES OXLEY ACT (SOX) AND THE CREDIT PROFESSIONAL	Location:	Date
First Name:	Last Name:	
Company Name:		
Salutation: Delete as applicable Mr / Mrs / Miss / Ms / Other	Title:	
Correspondence Address:	Telephone:	
	Mobile:	
	Fax:	
City:	Email:	
Country: Postcode:		
Invoice Address: If different than above.		
City: Country:	Postcode:	
Comments/ Instructions: if any		
How did you hear about Us? Website 🗌 Fax 🗌 Family/ Sales Rep Adv	rert  Brochure O	ther
<ul> <li>2. Method of payment Please check the appropriate method of payment. [FEE = \$355/attendee   \$335/attendee - for 2 or more attendees] If registering more than one attendee please use separate forms but send the forms together to receive the TEAM SAVINGS REBATE.</li> <li>A. Invoice: i) Invoice me OR ii) Invoice my Company B. Cheque/Check</li> </ul>		
I enclose a cheque for: Total fees \$ (add 13% HST) [Make payable to 'Credit Guru Inc.' and mail to the Address given below.]		
C. Credit card I wish to pay by credit card. Please charge the: Total fees \$ (add 13% HST) [] to my Visa / MasterCard / American Express (Delete as applicable)		
Card number:		
Card number: Card		
rdholder name: Cardholder signature:		
Cardholder address:		
3. Authorization Please have an authorized person sign the form to confirm this registration		

Date: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_ Signature: Name: Title:

If you wish to receive news and information about Credit Guru Inc's other courses please check this box  $\Box$ 



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