

GROUP REGISTRATION FORM (Multiple Credit Cards)

GROUP INFORMATION

Organization: _____

Group Leader: _____ Email: _____

Phone Number: _____ Address: _____

EVENT INFORMATION

Event and Speaker Name: _____

Date: _____ City: _____ Province: _____

GROUP MEMBERS (please include only those who will be attending the workshop below)

1. Full Name: _____ Email: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Phone #: _____

Credit Card: _____ Expiry: _____

Signature: _____

2. Full Name: _____ Email: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Phone #: _____

Credit Card: _____ Expiry: _____

Signature: _____

**We accept Visa and MasterCard*

**Each member will be charged an additional \$10 manual registration*

To calculate the total, please use the following equation:

[(Group Rate + \$10) + tax] x Number of Registrants = TOTAL

For more information, please contact: registration@jackhirose.com

3. Full Name: _____ Email: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone #: _____
Credit Card: _____ Expiry: _____
Signature: _____
4. Full Name: _____ Email: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone #: _____
Credit Card: _____ Expiry: _____
Signature: _____
5. Full Name: _____ Email: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone #: _____
Credit Card: _____ Expiry: _____
Signature: _____
6. Full Name: _____ Email: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone #: _____
Credit Card: _____ Expiry: _____
Signature: _____

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7. Full Name: _____ Email: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone #: _____
Credit Card: _____ Expiry: _____
Signature: _____
8. Full Name: _____ Email: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone #: _____
Credit Card: _____ Expiry: _____
Signature: _____
9. Full Name: _____ Email: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone #: _____
Credit Card: _____ Expiry: _____
Signature: _____
10. Full Name: _____ Email: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone #: _____
Credit Card: _____ Expiry: _____
Signature: _____

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11. Full Name: _____ Email: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone #: _____
Credit Card: _____ Expiry: _____
Signature: _____
12. Full Name: _____ Email: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone #: _____
Credit Card: _____ Expiry: _____
Signature: _____
13. Full Name: _____ Email: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone #: _____
Credit Card: _____ Expiry: _____
Signature: _____
14. Full Name: _____ Email: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Phone #: _____
Credit Card: _____ Expiry: _____
Signature: _____

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