

## **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](mailto:registration@jackhirose.com)

For group terms & conditions, please visit: <http://www.jackhirose.com/group/>.

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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Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Credit Card: \_\_\_\_\_ Expiry: \_\_\_\_\_  
Signature: \_\_\_\_\_
8. Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Credit Card: \_\_\_\_\_ Expiry: \_\_\_\_\_  
Signature: \_\_\_\_\_
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Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Credit Card: \_\_\_\_\_ Expiry: \_\_\_\_\_  
Signature: \_\_\_\_\_
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Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_  
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Signature: \_\_\_\_\_

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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: \_\_\_\_\_  
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