

# Basic Intensive Week Registration Form

February 4<sup>th</sup> – 6<sup>th</sup>, 2010 / Phoenix, Arizona

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

\* Confirmation will be sent by e-mail.

## Registration Fee

Deposit \_\_\_\_\_ @ \$100.00 \_\_\_\_\_

Full Registration \_\_\_\_\_ @ \$500.00 \_\_\_\_\_

Total: \_\_\_\_\_

## Credit Card

Name as it appears on the card:

First: \_\_\_\_\_ Last: \_\_\_\_\_

Card Type: Visa \_\_\_\_\_ MC \_\_\_\_\_ AMEX \_\_\_\_\_ Discover \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: (mm/yy) \_\_\_\_\_

## Purchase Order Information:

School / Agency: \_\_\_\_\_ PO #: \_\_\_\_\_

Address: \_\_\_\_\_ Amount: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Make Check or Purchase Order Payable to:

**Bob Hoglund, Inc**  
1849 East Guadalupe Road  
Suite C-101, PMB 120  
Tempe, AZ 85283