

# SEMINAR REGISTRATION FORM

[www.ChristianFamilyE.com](http://www.ChristianFamilyE.com)



## Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email address \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

How did you hear about this seminar? \_\_\_\_\_

Comments \_\_\_\_\_

## Attendee Information

Please list all attendees.  
Sales tax included.

	First Name	Last Name
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____

Registration (check one)	Price
<input type="checkbox"/> Family – \$63	\$_____
<input type="checkbox"/> Individual(s) – \$37/ea <input type="checkbox"/> Student(s) – \$32/ea	
<input type="checkbox"/> Individual <input type="checkbox"/> Student	\$_____
<input type="checkbox"/> Individual <input type="checkbox"/> Student	\$_____
<input type="checkbox"/> Individual <input type="checkbox"/> Student	\$_____
<input type="checkbox"/> Individual <input type="checkbox"/> Student	\$_____
<input type="checkbox"/> Individual <input type="checkbox"/> Student	\$_____
<input type="checkbox"/> Individual <input type="checkbox"/> Student	\$_____
<input type="checkbox"/> Individual <input type="checkbox"/> Student	\$_____
<input type="checkbox"/> Individual <input type="checkbox"/> Student	\$_____

(List additional attendees on back)

Total Price \$\_\_\_\_\_

### CFE Use Only

Payment Method     Cash     Check     PayPal    Date & Time \_\_\_\_\_

Payment Amount \$\_\_\_\_\_    Check No. \_\_\_\_\_