

VISUAL COORDINATION SEMINAR REGISTRATION FORM

Date/Location _____

Name _____

Address _____

City _____

Daytime Phone _____ Cell Phone _____

Country/Province _____

E-mail Address _____

How did you learn about us? _____

METHOD OF PAYMENT

Check # _____

Credit Card Type _____

Credit Card # _____

Name on Card _____ Exp. Date _____

*Full Payment and registration form must be received to ensure enrollment. Early registration and hotel reservations are encouraged.

Please make checks in the amount of \$2,000.00 payable to Westview Design, LLC.

An official hardcopy will be sent to you via mail confirming your enrollment.

Mail Registration Form to:

Westview Design, LLC
7172 S. Richfield Street
Foxfield, CO 80016

**Refund Policy: If for any reason you must cancel, your full payment will be refunded to you if you cancel 7 days prior to the seminar starting. If you must cancel with less than 7 days notice, your payment will be applied to a future seminar of your choice.