

Training Registration Form - The Realm of Inventions, Inc.

P.O. Box 530646 • Miami Shores • FL 33153

Phone: (305) 867-8922 Fax: (305) 675-2442

Training & Lodging

Name: _____

Company Name _____

Address _____

City	State	Zip
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Telephone: (____) _____

Fax: (____) _____

E-Mail: _____

Participant/s Name/s: _____

Name of Agency: _____

Check Enclosed: Yes ___ No: ___ Check # : _____ Amount: \$ _____

Payment should be made payable to: The Realm of Inventions, Inc. Payment can also be made at the time of training.

I hereby represent that I am authorized to submit this Registration form on behalf of myself and/or my agency. By registering, my agency is obligating payment for the above-registered people. By registering, my agency is obligating payment for the above-registered people. To receive a refund you must cancel 30 days before the scheduled training. If registered people are unable to attend due to sickness, weather or any other emergency or act of god a credit will be given for that person to attend another Realm of Inventions, Inc. Training Program.

Signature

Date

Print Name, Title