



CERTIFICATION SEMINAR REGISTRATION FORM

Seminar Date: _____ Seminar Location: _____

Participant Name: _____

Confirmation Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Special Dietary Needs: _____

How should your first name to read on your nametag? _____

How would you like your name to read on your certificate? _____

Certification Rate Information

(All seminar registrations include a one-year membership, or extension to an existing membership, to the O.K. Corral.)

Standard Rate	_____ \$1075 per person
Group Rate (2 or more participants)	_____ \$875 per person
Early Registration (paid in full 30 days prior to the seminar)	_____ \$875 per person
Returning Rate (those who have been certified by the O.K. Corral)	_____ \$650 per person
Refresher Rate (those who have attended the same seminar previously)	_____ \$250 per person
Continuing Education Certificate	_____ \$30 per person

TOTAL AMOUNT ENCLOSED (minimum 50% of fee) _____

BALANCE DUE PRIOR TO SEMINAR _____

Payment Information

_____ Check/Money Order Enclosed (Payable to O.K. Corral)

_____ Visa/Mastercard/Discover/AMEX: Card #: _____

Exp. Date: _____

Cardholder Signature: _____

Mail registration form: OK Corral PO Box 1137, Yerington, NV 89447
Fax registration form: (775)463-6564 Phone in registration: 1-866-391-OKOK(6565)