

Jim Hasselback Seminar Participant Registration Form

To Register: Please complete the following form, one form per participant.
Fields marked with an asterisk (*) are required.

Company:

First Name: (required)*

Last Name: (required)*

Street Address: (required)*

Street Address 2:

City: (required)*

State: (required)*

Zip: (required)*

Email: (required)*

Phone (day):(required)*

Phone (eve):

Phone (cell):

Email your registration:

Seminar Date(s) you are registering for:

After submitting your registration form by Email, please submit your payment. To pay by check, please make the check payable to Hasselback Seminars.

Print this form and mail with your payment to:

4305 Cripple Creek Road
Tallahassee, FL 32309
Phone/Fax/Recorder: 850.894.2244

Single Participant:
Seminar: \$159.00

Groups of 5 or more (complete 1 form for each participant):
\$143.00

To pay using PayPal, first submit your registration by Email, and then proceed to the PayPal payment page.