

## 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:**

IRS PTIN Number :

**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 James R. Hasselback.**

**Print this form and mail with your payment to:**

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

**Single Participant:  
Seminar: \$170.00**

**Groups of 5 or more (complete 1 form for each participant):  
\$153.00**

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