

## SEMINAR REGISTRATION FORM

### To Register:

- 1) Call (972) 492-0895, or
- 2) Print out this form and Fax to (972) 492-3907 or
- 3) Mail form to: Whiting & Associates, Inc., 1930 Rosemeade Pkwy. Ste. 107, Carrollton, TX 75007, or
- 4) E-Mail required information to: registrar@whitingassociates.com

**Registration Fee:** \$199 per participant, 4 or more only \$169 per participant!

- Yes! I want to register for the **Employment Law Seminar**
- I am unable to attend, but would like to purchase the seminar materials for \$169.00.
- I am unable to attend at this time, please add me to your mailing list for future programs
- Please send me information about in-house training programs

Your Priority Registration Code: \_\_\_\_\_ (Found on mailing label above company name & address)

### 1) Please Indicate Seminar Date and City Desired:

City: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### 2) List Names of Participant(s)

1) Mr./Ms. \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

2) Mr./Ms. \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

3) Mr./Ms. \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### 3) Company Information:

Company Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_ # Employees in Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

### 4) Please check method of payment:

Will mail check to Whiting & Associates, Inc, Rosemeade Parkway, Suite 107, Carrollton, Texas 75007

Bill company (Refer to P.O. # \_\_\_\_\_)

Charge To:  AMEX  VISA  MasterCard  Diners Club

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ V Code: \_\_\_\_\_

Card Holder's Name As It Appears On Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**THANK YOU FOR YOUR REGISTRATION!**