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PLEASE USE A SEPARATE FORM FOR EACH REGISTRATION.

Seminar Code**Seminar Title**_____
Name/Title**Organization****Address****Phone****E-mail****Workshop Fees** \$
(all inclusive)**Payment Options** Mail Check to: MarketComm Consultants, LLC,
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Special Needs

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Seminar Location: Western Suburbs — Detailed directions will accompany your confirmation via email.**Cancellation Policy:** Full refund, if 60 days before seminar date. Otherwise, the fees can not be returned because of the pre-paid costs to hotels, etc.

Full payment is due 15 days before the seminar.