CERTIFICATION SEMINAR REGISTRATION FORM

Seminar Date: _____ Seminar Location: _____

Name(s) of Participant(s):

_____
_____
_____

Confirmation Address: _____

_____

Phone: _____ Email: _____

List any special dietary needs: _____

Payment Information

(Standard, Group, & Student Rates include a one-year membership subscription, or an extension to an existing membership subscription, to the O.K. Corral.)

Standard Rate	$500 x _____ = _____
Group Rate (3 or more)	$450 x _____ = _____
Student Rate (with photo ID)	$450 x _____ = _____
Returning Rate*	$395 x _____ = _____
Refresher Rate**	$50 x _____ = _____
Continuing Education Certificate	$10 x _____ = _____

TOTAL ENCLOSED _____

_____Check/Money Order Enclosed (Payable to O.K. Corral)
_____ Visa/Mastercard: Card #: _____
Exp. Date: _____

Cardholder Signature: _____

Mail registration form: OK Corral PO Box 542, Ephraim, UT 84627
Fax registration form: (435)436-5167
Call in registration: 1-866-391-OKOK(6565)

* Rate for participants who have ever attended another O.K. Corral Milepost Seminar
** Rate for participants who have ever attended the same (color) O.K. Corral Milepost Seminar