



**REGISTRATION FORM: 2 Day Public Session Training
“Coping With the Financial Crisis...Emotionally and Financially”**

(IF YOU ARE REGISTERING MORE THAN ONE PERSON, SIMPLY MAKE COPIES OF THIS FORM)

- Yes, please reserve a seat for me at the Financial Counselor training session, 6 and 7, May 2010, Chicago, IL. I understand the registration fee is \$495.00.
- Enclosed is the registration payment of \$_____.
- I authorize Financial Awareness® Institute to charge the \$495.00 registration fee on:

MasterCard Visa ACCOUNT # _____

EXPIRATION DATE: _____ Name on Card _____

Cardholder email & telephone: _____

Cardholder Signature _____ Date _____

I UNDERSTAND THAT THERE IS A 50% CANCELLATION FEE IF FINANCIAL AWARENESS INSTITUTE IS NOTIFIED OF MY CANCELLATION AFTER 19, April, 2010.

ATTENDEE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WORK PHONE: _____ **CELL PHONE:** _____

FAX: _____ **E-MAIL:** _____

ATTENDEE SIGNATURE: _____

DATE: _____

**** YOU CAN EITHER SEND THIS FORM TO US AT THE ADDRESS BELOW OR FAX IT TO US AT 630-985-0207. ****