

# Registration

2014 Seminars

Please include a fax number or email address to receive your confirmation. If you do not receive a confirmation within seven days, please contact us immediately.

You will not be billed or charged until approximately three weeks prior to the seminar. Credit card information will be blacked out on your confirmation copy for security.

Seminars are subject to cancellation and/or reschedule. Please visit [www.freedomdesigns.com](http://www.freedomdesigns.com) for more information.

**Email registration form to**  
 marketingseminars@freedomdesigns.com  
 or send to our secure fax number: (805) 583-2840.

**Please send checks to Seminar Manager, Freedom Designs, 2241 N. Madera Road, Simi Valley, CA 93065.**

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## Freedom Seminar Registration Form

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Form of Payment**

Dealer Approved PO# \_\_\_\_\_ Account # \_\_\_\_\_

Check Enclosed -- Check # \_\_\_\_\_

Credit Card  American Express  Visa  Mastercard

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Attendee Name	Title	Ins & Outs of Seating	Simply Seating	Eat, Breathe, Move	Seminar Location	Fee
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Total \$ \_\_\_\_\_



Our kids are our passion.™

**Freedom Designs Incorporated**  
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