



## REGISTRATION FORM

I would like to attend your \_\_\_\_\_ seminar.

**Registration information:** Please print or type all information on this form. Your name will appear on seminar materials exactly as you have indicated. Payment must accompany your registration form.

Attendee Name: \_\_\_\_\_

Company: \_\_\_\_\_ Title \_\_\_\_\_

Mailing

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Payment instructions:

Full payment must be included with the registration form. Registration is easiest when done via our website at [www.amac-usa.com](http://www.amac-usa.com), or you may fax your registration form with credit card information to (770) 693-6030. You may also mail your registration form along with your payment to:

**AMAC**  
**PO Box 72543**  
**Marietta, GA 30007-2543**

Total Registration Fee \$ \_\_\_\_\_

Visa      MasterCard      AMEX      Check # \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CSC \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

**AMAC® PO Box 72543 Marietta, GA 30007-2543**  
**P: 770-693-2622 F: 770-693-6030 [www.amac-usa.com](http://www.amac-usa.com)**

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