



P. Graham Dunn Laser Training REGISTRATION FORM

Return completed registration with payment information to:
P. Graham Dunn, Laser Training Attention: Peggy Kearnes, 630 Henry Street, Dalton, OH 44618
Or fax to 330-828-2108 (secure fax)

Store _____

Address _____

City _____ State _____ Zip _____

Work Ph _____ Cell Ph _____ Other _____

Email _____

**Registration fee is \$25.00 per student and includes lunch for two days. Limited availability per session.
Registration closes 30 days before session date.**

I certify that I understand registration fees are non-refundable.

Signature (required) _____ Date _____

PAYMENT

Discover Master Card Visa American Express

Account # _____ Exp. Date _____ CV Code _____

Cardholder name as it appears on credit card _____

Signature Authorization _____ Date _____

Session Date	Student Name	Store Position	Fee
			\$ 25.00
			\$ 25.00
			\$ 25.00
			\$ 25.00
Total Due			\$

How did you hear about the Session? _____

Would you like to receive notifications about future sessions? Yes No

Preferred method of contact for future seminars? Email Phone