

JIM ZALUD SEMINARS

REGISTRATION FORM

**SEND PAYMENT
BY CHECK TO:
JIM ZALUD LLC
1686 Plaza Dr.
Rockford IL 61108**

QUESTIONS? CALL (815) 988-1507 OR VISIT JIMZALUD.COM

| | | | |
|---------------------------------|--|--------|------|
| NAME: | | RANK: | |
| ORGANIZATION/POLICE DEPARTMENT: | | | |
| STREET ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| PHONE: | | EMAIL: | |

**CONVENIENT
REGISTRATION
ALSO AVAILABLE
AT JIMZALUD.COM**



**PAYMENTS
ACCEPTED:**



SEMINAR NAME: _____ **DATE** _____

LOCATION CITY: _____ **STATE** _____

SEMINAR TIME: (CIRCLE ONE) **ALL DAY** **AM** **PM**

AM= Morning Session of FRONT DESK SEMINAR ONLY

PM= Afternoon Session of FRONT DESK SEMINAR ONLY

NAME(S) OF ATTENDEE(S):

PAY BY (CIRCLE ONE):
CHECK OR CREDIT CARD

TOTAL ATTENDEES _____ **X** **COST PER ATTENDEE** _____ **= TOTAL COST** _____

FULL NAME ON CARD: _____

CREDIT CARD NO#: _____ - _____ - _____ - _____

EXP. ____ / ____ **ZIP CODE:** _____ **SECURITY CODE#:** _____

**HOW TO
FIND YOUR
SECURITY
CODE#**



Credit Card Registrations should be scanned and e-mailed to: jim@jimzalud.com