

 **Right Start Workshop Series**

Right Start Workshop Registration Form

Please fill out the below information indicating which workshop you are interested in attending and payment.

Workshop Name: _____

Workshop Date: _____

Number of People Attending: _____

Name of Attendee(s): _____

Payment Type:

We accept both check and all major credit cards. **Please make checks out to SonicSpider LLC.**

Credit Card Number: _____

Name on Card: _____

Expiration Date: _____ Security Code: _____

I authorize SonicSpider LLC to charge my credit card for the cost of the workshop indicated above by date it is received by SonicSpider.

Signature: _____ Date: _____

Please mail or fax this form to:

Mail: SonicSpider LLC, 5256 S. Mission Rd., Suite 110, Bonsall, CA 92003

Fax: 760.631.3086

We look forward to seeing you at the workshop!