



First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

CSR#: \_\_\_\_\_ RPR#: \_\_\_\_\_ NCRA/NVRA: \_\_\_\_\_

Seminar(s) you would like to register for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Hours (CEUs): \_\_\_\_\_

Cost: \_\_\_\_\_

**Please make check payable to "Jeff Justice Seminars" and mail to:**

Jeff Justice Seminars  
PO Box 52404  
Atlanta, GA 30335-0404

**Credit Card Information:**

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date