

Company: _____

First Name: _____

Last Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone #: _____ E-mail: _____

Please choose which seminar you will be attending:

June 24-25

June 15-16

July 29-30

Aug 12-13

Aug 26-27

Sept 2-3

Payment is in the form of: Credit Card Check (Enclosed) Check (Not Enclosed)

For Credit Card Users: Name on Card: _____

Card Type: _____ Card #: _____

Expiration Date: _____ CVV Code: _____

**Payment must be received two weeks prior to seminar start date.*

Please submit this form above or you can Fax or Mail it to the address below:

Euro International, Inc.
5906 Breckenridge Pkwy Suite G
Tampa, FL, 33610

Fax: 1-813-246-5998

