

To register please complete the following:

Facility: _____

Phone: _____

Address: _____

Email: _____

Please register the following participant (MAY COPY FOR ADDITIONAL PARTICIPANTS)

Name	discipline	Fee
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Total to be submitted to New Day Professional Services \$ _____

216 Shallow Brook Drive

Columbia, South Carolina 29223 Phone: 803-788-1903 FAX: 803-788-1854

Email: nancy.day@newdayprofessionals.com

TO CHARGE REGISTRATION – COMPLETE THE FOLLOWING:

NAME (TYPE) OF CREDIT CARD _____

CREDIT CARD ACCOUNT NUMBER _____

EXPIRATION DATE _____

CVV NUMBER (USUALLY ON BACK) _____

MAILING ZIP CODE _____

NAME ON CARD _____

Phone _____

SIGNATURE _____

WHERE TO EMAIL OR SEND RECEIPT: _____