



2018-2019

LG MULTI V



# REGISTRATION FORM

## PARTICIPANT INFORMATION

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Address \_\_\_\_\_  
Street Address City State Zip

Attendee Name (first & last): \_\_\_\_\_ Email: \_\_\_\_\_

Attendee Name (first & last): \_\_\_\_\_ Email: \_\_\_\_\_

Attendee Name (first & last): \_\_\_\_\_ Email: \_\_\_\_\_

Attendee Name (first & last): \_\_\_\_\_ Email: \_\_\_\_\_

## CLASS INFORMATION

Name of Class: \_\_\_\_\_ Date of Class: \_\_\_\_\_

Total Number of People Attending: \_\_\_\_\_ **X** Class Fee: \_\_\_\_\_ **=** Total: \_\_\_\_\_

## PAYMENT INFORMATION

Please select a method of payment below.

**Charge to my Young Supply account**

Account Number: \_\_\_\_\_ PO#: \_\_\_\_\_

Signature: \_\_\_\_\_  
*By signing above, I authorize Young Supply Company to bill my customer account for the above class*

**Cash / Check** Check #: \_\_\_\_\_ *Please reference the class name & number and mail payment to the address indicated below*

**Credit Card** For your protection, please call the number listed below to process a credit card payment.

**All classes are billed at the time of booking.**

**PLEASE FAX OR EMAIL THIS FORM TO MARK RICHARDS OR TURN IT IN TO YOUR LOCAL BRANCH**

Email: [mrichards@youngsupply.com](mailto:mrichards@youngsupply.com)

Fax: (248) 477-9532

Phone: (248) 477-4900

By submitting this information you agree to allow an authorized Young Supply Company representative to use the above information for registering each attendee listed above prior to the date of the designated class; and for distributing certificates to all attendees pending successful completion of the designated class.

YSC Office Use Only:  
OE#: \_\_\_\_\_