

**E-MAIL, FAX OR MAIL YOUR REGISTRATION**  
**REGISTRATION FORM** \* Please duplicate this form for each participant

**Do you want vegetarian food?**  YES  NO

Event: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of participant: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_ Cellular: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Approver Name of your participation (Authorized Manager/Director or VP) \_\_\_\_\_

Approver Title and telephone: \_\_\_\_\_

Invoice/ Please make invoice to this person: \_\_\_\_\_  
(if different of completed fields above)

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Amount Due: \_\_\_\_\_

\*Add \$20.00 per participant if registering four (4) business days or less before the event.

Select Payment Method: **Company Check, P.O.#, Corporate Credit Card or Cash/Money Order.**

Company Check: \_\_\_\_\_ Please send us with this registration a photocopy of original check.

P.O. Number: \_\_\_\_\_ Approvers name: \_\_\_\_\_ Date of payment: \_\_\_\_\_

Credit Card: Visa  Master Card  American Express

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Name (As it appears on the card): \_\_\_\_\_ Security ID: \_\_\_\_\_  
from back of the Card (3 digits):

Cash/Money Order: \_\_\_\_\_

Name of your companys Finance or Accounting Manager: \_\_\_\_\_

Name, title & telephone/e-mail of the person  
in charge of training in your company: \_\_\_\_\_

**REGISTRATION POLICY**

- PAYMENT TERMS:** Please complete this registration in its totality and send it via fax to 1800-705-2370. Your signature in this form constitutes your acceptance of participation and an obligation to render payment. Please send us your payment five (5) business days prior to the event. After this date, payments must be received at the door. Additional late charges will apply to payments received after the day(s) of the event.
- TAX EXEMPTION:** If your Company wants to be exempted from taxes (IVU Exemption), please fax with this Registration Form a photocopy of **the Registro de Comerciante de Hacienda and Certificado de Compras Exentas (form SC2916 from The PR Treasury Department)**. No exemption will be provided without a clear copy of these forms.
- PURCHASE ORDERS TERMS:** Send this Registration Form along with your Purchase Order Number (PO) or a signed Payment Commitment Letter - via fax - **and we will send you an Invoice. PO Terms are subject to prior approval and payments must be received according to the payment terms established with your Company.** Failure to receive payments and or comply with the PO Terms will annul payment terms arrangements or payment agreements established between Seminarios Imagen, Inc. and your Company for future seminar and training events and will be subjected with additional late charges
- CREDIT CARD PAYMENTS:** Corporate Credit Cards are accepted (Visa, Master Card and American Express) as a form of payment. Companies wishing to **pay with Corporate Credit Cards must send along with this Registration Form a letter authorizing the charges, listing the names of the participants, and must include a readable photocopy of the front and back of the credit card.** Only Corporate Credit Cards are accepted with a matching Company name. If a Corporate Credit Card Payment is used in combination of a Purchase Order (PO), the Purchase Order Terms listed above applies, otherwise Payment Terms applies.
- CANCELLATIONS AND TRANSFERS:** Cancellations are accepted with **\$110.00** Service Charge Fee per day, if and only when, a written notification is received and confirmed 10 business days prior to the programs starting date. Cancellation requests received after the 10 business days will not be accepted. No show is liable for full payment. Transfers will have a period of one-year from the date of the Transfer request. Transfers will be charged **\$35.00** for subsequent registration, plus any fee increases for the difference of the program event. Transfers will be allowed only up to one-year, after such date the full payment will be forfeited.

**I acknowledge and agree to the statement and conditions established in this document.**

Name of Applicant (please print): \_\_\_\_\_

Approver Name \_\_\_\_\_  
(Authorized Manager/Director or VP) (please print):

Title: \_\_\_\_\_



**Please make check payable to:**

Seminarios Imagen, Inc.

PO BOX 9118 San Juan PR 00908

Tel. 787-724-2548 Fax 1-800-705-2370

e-mail: info@seminariosimagen.com

www.seminariosimagen.com

\_\_\_\_\_  
**Signature of Applicant:**

\_\_\_\_\_  
**Signature of Approver Name:**