

MainGate Continuing Education

Registration Form

Please print and complete this form, then fax to 843 215-6631 or email to maingatece@gmail.com

Doctor's Name: _____

E-mail: _____ Phone: (____) _____

Seminar Date: _____ Location: _____

Course Name: _____

Payment Method

*If paying by check, please mail a copy of this registration form and that check to: **MainGate CE 442 Coral Harbor Drive, SC 29588***

() Paying by Check. Check # _____

Credit Card: () Visa () MC () Discover () AmX

Number: _____

Expiration Date: _____ Amount: \$ _____

Billing Address of Card: _____

City: _____ State: _____ Zip: _____

Signature: _____

Please Note: *Cancellations requested 7 days prior to the seminar will receive a refund, less a \$50 administrative fee. No refund will be granted after this date. MainGate CE is not responsible for any expenses incurred by registrants do to program adjustments or cancellations. Confirm seminar status before on-site registration.*