

# MainGate Continuing Education Registration Form

*Please print and complete this form, then fax to 843 215-6631 or email to [maingatece@gmail.com](mailto: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.*