



Please fax this completed registration form to eMoney Advisor at **610-234-4281**. Once you have been registered, you will receive an email confirmation package which will provide you all the information you need for a successful training experience. If you have any questions, send an email to [Training@emoneyadvisor.com](mailto:Training@emoneyadvisor.com) and a member of the eMoney training team will assist you.

**Please circle the session for which you are registering:**

Feb 25<sup>th</sup> & 26<sup>th</sup> – Cincinnati, OH

Mar 8<sup>th</sup> & 9<sup>th</sup> – Orlando, FL

Mar 25<sup>th</sup> & 26<sup>th</sup> –Dallas, TX

April 1<sup>st</sup> & 2<sup>nd</sup> –Irvine, CA

**Pricing: \$595/per participant**

**Please provide Advisor/Company name & contact information and list participant name(s) and email address (es):**

Adv/Company Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*\*\*\*\* You must be a licensed user to attend class\*\*\*\*\***

Participant Name	User name	Email Address
1.		
2.		
3.		
4.		
5.		
6.		



**Credit Card Authorization Form**  
(Do not e-mail. **Fax this document to 610-234-4281**)

**Customer Name & #:** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Credit Card  
Billing Address:** \_\_\_\_\_

**Type of Card:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Credit Card Security Code  
(3 or 4 digit number on back)** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Amount:** \$ \_\_\_\_\_

**I hereby authorize eMoney Advisor, LLC to charge the above credit card  
for the amount specified above.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

<u><b>Billing Contact Information</b></u>	
<b>Name:</b>	<b>Phone:</b>
<b>Email:</b>	