

Joyfields Institute for Professional Development

Online eLearning Webinar Series

REGISTRATION FEES

Please check/circle where appropriate

Set-up: \$100 (Waived for a limited time) \$ 0

Indicate 1-Day / 2-Day webinar (circle one)

Single attendee: \$125 / \$195 \$ _____

2+ more attendees: ___ X \$95 / \$150 ea. \$ _____

TEAMS (CE Training hours not issued)

Teams/Location: ___ X \$295/\$395ea (Limited time offer. Reg. \$695) \$ _____

SUBTOTAL \$ _____

Existing Member, subtract 10% (–) \$ _____

Purchase Membership, get this webinar FREE or REDUCED now (circle one)

* Individual-\$295 | Corporate-5-\$795 | Corporate-10-\$1495 | Corporate-20-\$2695 \$ _____

PAY GRAND TOTAL \$ _____

Participants will receive webinar access details when registration is processed

**** Complete your registration by entering participant (s) details on the registration form on the next page.**

PAYMENTS AND SUBSTITUTIONS

Please make payments online at www.joyfields.org. 4 More Convenient Ways To Pay:

- **FAX** Completed Registration form to Joyfields at +1(678)605-0271
- **BILL ME** - Will pay by company check. Checks must be payable in US \$ against a US bank and made out to "Joyfields, Inc." and Mail to Joyfields, 5805 State Bridge Road, Suite G255, Duluth, GA 30097
- **CALL** Joyfields for assistance at +1(770)409-8780
- **WIRE** transfer. To pay by wire transfer, send email to wires@joyfields.org to request wiring instructions. Include your phone and fax # and we will send you details for wiring funds Questions? Send email to Yvette Hughes at Yvette@joyfields.org or call +1(770)409-8780.

All payments must be received to participate. If there is a chance payment may not reach us before the program date, a Purchase Order will be required.

Participants may substitute attendees, at any time prior to the program start, with no penalty.

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Please use this form to process your registrations. Complete the form and fax to +1-678-605-0271

Webinar Name: _____

Approving Manager Name: _____ Title: _____

Email: _____ Phone: _____

Company: _____

Address: _____

City: _____ State: _____

IPC/Zip: _____ Country _____

Member #1 (Coordinator if CORPORATE/GROUP Plan)

Full Name: _____

Email: _____

Title: _____

Member #2

Full Name: _____

Email: _____

Title: _____

Member #3

Full Name: _____

Email: _____

Title: _____

Member #4

Full Name: _____

Email: _____

Title: _____

Member #5

Full Name: _____

Email: _____

Title: _____

Member #6

Full Name: _____

Email: _____

Title: _____

Member #7

Full Name: _____

Email: _____

Title: _____

Member #8

Full Name: _____

Email: _____

Title: _____

Member #9

Full Name: _____

Email: _____

Title: _____

Member #10

Full Name: _____

Email: _____

Title: _____

**** To sign on over 10 participants, please make copies of this page. Thank you.**

Payment Method (circle one): Credit Card / Wire / Check / Cash / PO # _____

Credit Card Name (circle one): MC / VISA / AMEX / DISCOVER

Name on Card: _____

Card Number: _____ Security Code: _____

Expiration Date: _____