

SCRC 2012 Fall Registration Form

Must register with the Hotel by **October 1, 2012** to guarantee room availability

Mail your payment to:

SCRC Seminar
c/o Bob Putnam
315 Polo Trail
Colleyville, TX 76034

Name _____

Name to appear on badge _____

Address _____

City, State _____

Zip _____

Email address _____

Contact numbers _____

PTG Member? Yes ___ No ___ Associate ___ RPT ___

Chapter Name _____

Chapter # _____

Spouse / Guest name (if registering) _____

Vegetarian Meal Requested _____

	Registration Fees	
_____ Seminar Registration – (includes <i>All Meals</i> , tax and gratuities!)*	\$299.00	_____
_____ Tutoring Session		_____
_____ Spouse / Guest meals	\$149.00	_____
_____ Auxiliary Activities		_____
Total (make checks payable to SCRC)		_____
		\$ _____

* CANCELATION POLICY

1. Cancellation received before end of early registration - 100% refund of fees paid.
2. Cancellation received from Regular registration start to 1 week prior to seminar - 50% refund of fees paid.
3. Cancellation received within 1 week of the seminar start - There is no refund.

The SCRC board has the power to make exceptions to this policy for exigent circumstances.