**Registration Form**

*Please fill out the form below and email it to* *info@theknowledgegroup.org* *or, you may fax it to 1-646-844-0301 for the attention of the registration department.*

*You will receive a confirmation receipt and dial-in instructions via email. Registrations are normally processed in 1 business day or less.*

*Please also complete the payment information segment on the other page. If registering multiple attendees, please include their information on the following page.*

**Primary Attendee Info:**

Attendee/Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_

**Webcast Registration**

**$69 - LIVE webinar + Recording**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total Registrants** | **Webcast Title** | **Webcast Date** | **Coupon Code***(If provided)* | **Fee (Total)** |
| **\_\_\_\_\_\_\_\_\_\_** |  |  |  | $ \_\_\_\_\_\_\_\_\_ |

**Continuing Education Processing**

***(If required)***

*We provide certificate of attendance after the event. We are an approved course provider in most states. If CE credit is needed, there is a minimal fee for processing. 65 USD for CLE, CPE and other CE credit processing in all states except: 150 USD for CLE processing in Washington. 85 USD for CLE processing in the states of Virginia, Nevada, Texas, Montana and South Carolina. All CLE processing requests may be subject to applicable late fees. For more info, see our* [*credit information*](https://knowledgewebcasts.com/how-to-claim-cle-credits-per-state/) *or* *email support**.*

**Additional Attendee Information**

***(If required)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Title** | **Phone** | **Email** | **State Admission (Attorneys only, e.g., California Bar Number: 123456)** |
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**Payment Info**

**Total Payment: $\_\_\_\_\_\_\_\_\_\_ (Please add the total columns from section A & B)**

**Payment Terms:** Payment due upon registration (**Note:** a 3.5% service fee will be added to credit card payments).

**Payment Method** (Check the Correct Box & see instructions below)

Credit Card (3.5% Service Fee Applies) [ ] Check [ ] ACH/Wire Transfer Payment [ ]

**Credit Card**

Through selecting this payment method & returning the completed form, the cardholder has provided express authorization for The Knowledge Group, LLC to charge the credit card listed the total amount indicated above plus a service fee of 3.5% on the date indicated below for services outlined on the first page.

Card Type: [ ] Visa [ ] MasterCard [ ] AMEX

Card Holder Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV: \_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip/Postal Code: \_\_\_\_\_\_\_\_\_

Billing Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check Payment (Company or Personal Check):** Please make the check payable to The Knowledge Group, LLC, scan both sides, and attach them to an email with this form.

**ACH/Wire Transfer Payment:** Please email this form to accounting@theknowledgegroup.org and indicate in the email that this is the chosen payment method.

SIGNATURE                                                 \_\_\_                DATE

I authorize The Knowledge Group, LLC. to process the payment indicated according to the terms detailed above.