

Las Vegas July 21st & 22nd, 2017 Registration Form

Pay by credit card on website AND fax (or scan to asop.charles@gmail.com) this completed form to
727- 231-8385

Check one you will be attending

Advanced Workshop

Basic Workshop

Or mail completed form with \$550.00 check or credit card info at bottom to:

ASOP

PO Box 7440

Seminole, FL 33775

Name _____ Date _____

Home Address _____

City _____ ST _____ ZIP _____

Home Tel _____ Cell# _____

*Email _____

Employer _____

Address _____

City _____ ST _____ ZIP _____

Tel# _____ Fax# _____

*Title/Certifications/State License _____

I have passed the ROT exam ___yes___no Cert# if you have it _____

Credit card info name on card _____ exp date _____

Card# _____ Visa ___ MC ___

Card Statement address _____

City _____ St _____ zip _____ date _____

FAX TO: 727-231-8385