



MOVING MOUNTAINS: The Strategic Planning Academy REGISTRATION

Please complete this registration form and mail with payment to The Garden Center Group by October 15, 2019. Program is limited to 20 centers. Registration is subject to availability of space.

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

ON-SITE WORKSHOP REGISTRANTS

Attendee 1: _____ Email: _____

Cell: _____

Attendee 2: _____ Email: _____

Cell: _____

Attendee 3: _____ Email: _____

Cell: _____

Attendee 4: _____ Email: _____

Cell: _____

REGISTRATION FEE

Moving Mountains: The Strategic Planning Academy \$ 2,995.00
Webinar attendance is limited only by your online access
Register up to 4 people per center for Final On-Site Workshop

Current Garden Center Group Client Special Discount of \$500 – \$ _____

Early Registration Discount of 10% (by October 1) – \$ _____

Total Due: (Registration fee less any single special discount above) \$ _____

Make checks payable to: The Garden Center Group LLC

Mail completed registration form and payment to: The Garden Center Group LLC, PO Box 801494, Acworth, GA 30101

Credit card payments: Fill out the Credit Card Authorization Form and return with registration form or call us with credit card information at 678-909-7770.

Fax completed registration form with credit card authorization form to 678-909-7771.

Cancellations must be in writing and directed to: The Garden Center Group, info@thegardencentergroup.com or faxed to 678.909.7771. Full refund if canceled by October 1, 2019. No refunds after October as we are making hotel commitments.



CREDIT CARD AUTHORIZATION

I, _____ (print name as it appears on credit card), hereby authorize The Garden Center Group, LLC to charge my credit card account in the amount of \$_____.

Type of Credit Card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number: _____

Expiration Date: _____ CVC Code (on the back, or front for AX) _____

Credit Card Billing Information:

Card Member Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Mailing Zip Code: _____

Telephone: _____

Please email receipt to: _____

I hereby give The Garden Center Group LLC permission to debit my account for the amount indicated above. I certify that I am the authorized holder and signer of the credit card reference above and that all information is complete and accurate. The Garden Center Group will keep all information on this form strictly confidential and secure.

Cardholder's Signature _____ Date: _____

**Complete and fax to The Garden Center Group Office
678-909-7771**