



# 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](mailto: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**