



GROUPtalk **LIVE** SERIES REGISTRATION

GROUPtalk LIVE Series Registration is per company and includes participation for you and your entire staff. 12 months of sessions, breakouts, socials for \$595 (Group Clients); \$995 (Guest Retailers) – all recorded for on demand playback at any time.

Please list the Owner/Manager as Participant 1 and all other participants to allow them to receive periodic updates and reminders.

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

PARTICIPANT 1: _____ Job Title: _____

Email: _____ Cell: _____

PARTICIPANT 2: _____ Job Title: _____

Email: _____ Cell: _____

PARTICIPANT 3: _____ Job Title: _____

Email: _____ Cell: _____

PARTICIPANT 4: _____ Job Title: _____

Email: _____ Cell: _____

PARTICIPANT 5: _____ Job Title: _____

Email: _____ Cell: _____

PARTICIPANT 6: _____ Job Title: _____

Email: _____ Cell: _____

PARTICIPANT 7: _____ Job Title: _____

Email: _____ Cell: _____

PARTICIPANT 8: _____ Job Title: _____

Email: _____ Cell: _____

Payment is due at time of registration. See payment options below.

Group Client @ \$595.00 per company

Guest Retailer @ \$995.00 per company

Registration Due: \$ _____

Make checks payable to: The Garden Center Group LLC.

Credit card payments: Fill out the Credit Card Authorization Form and return with registration.

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

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



CREDIT CARD AUTHORIZATION

I, _____ (name as it appears on credit card), hereby authorize The Garden Center Group, LLC to charge my credit card account as noted below. I certify that I am the authorized holder and signer of the credit card referenced below and that all information is complete and accurate.

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: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Please email credit card payment receipt to: _____

I hereby authorize The Garden Center Group LLC to charge my credit card one time in the amount of \$_____ for registration for the **GROUPtalk LIVE Series**.

Cardholder's Signature _____ Date: _____

*Please complete this form and return via fax or mail to The Garden Center Group office (see contact info below).
For security purposes, we do not recommend emailing this form with your credit card information.
If you prefer you can call us with your credit card information.*

You will receive an email confirmation of your credit card transaction for your records when it is processed.