

# REGISTRATION FORM

## ADOLESCENTS AND YOUNG ADULTS

**FAST • EASY • SAFE** Register Online at [www.usjt.com](http://www.usjt.com)

If you mail, phone or fax your registration, please complete the following:

**Please register me as follows:**

		Tuition:	Register by March 19 and pay only*	
ETHICS Pre-Conference	<input type="checkbox"/> April 23	\$135.00	<b>\$115.00</b>	*Registrations received in our office by midnight (EST) March 19, 2019 will qualify.
Full-Time Conference	<input type="checkbox"/> April 24–26	\$465.00	<b>\$415.00</b>	
Daily Options	<input type="checkbox"/> April 24	\$170.00	<b>\$150.00</b>	
	<input type="checkbox"/> April 25	\$170.00	<b>\$150.00</b>	
	<input type="checkbox"/> April 26	\$170.00	<b>\$150.00</b>	

Enter the 2 digit code printed above your address on the mailing you received.

PLEASE PRINT

**REGISTRANT:**

Email Address \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Degree License \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

**PAID BY:** check here  if same as registrant contact information above, otherwise, please complete the following  
**CREDIT CARD PAYMENTS:** Cardholder's name and address **EXACTLY** as it appears on the credit card statement

Email Address \_\_\_\_\_

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Full payment of \$ \_\_\_\_\_ enclosed  Check  Mastercard  Visa  American Express

Credit Card No. _____	Exp Date _____	Security Card Code _____
Cardholder's Signature _____		

**Groups of TWO OR MORE Registrations, entered on one order, receive a 10% Discount per registration! This offer applies to conference registrations only and cannot be combined with other discounts/coupon offers.**

**For Student Rate pricing, please contact our offices at (800) 441-5569**  
**REGISTRATION POLICIES:** Check, credit card information or agency purchase order must be attached to this registration form. All registration fees are refundable, less a \$50.00 processing fee, when requests for cancellation are submitted in writing and postmarked by April 2. **No refunds are available after April 2.**  
 Your name and address will be added to our mailing list unless otherwise requested.

**REGISTER BY PHONE:** 800-441-5569 or 954-360-0909. Business Hours Monday-Friday 8:30am–5:00pm EST. Have your MC/Visa/AMEX number ready.

**REGISTER BY FAX:** 954-360-0034. Include MC/Visa, AMEX number, exp. date, security code and signature.

**REGISTER BY MAIL:** U.S. Journal Training/Adolescents, 3201 SW 15th St., Deerfield Beach, FL 33442-8190

Please make checks payable to: U.S. Journal Training, Inc.  
 When you provide a check for payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. For inquiries please call 954-360-0909. **Register On-Line at [www.usjt.com](http://www.usjt.com)**