



Horizon AFO Certification Seminar Registration Form

To complete the registration process, please complete this form and mail, fax or e-mail the form and your payment. You can also call 651-917-3075 to register. Please have the needed information on hand. If registering multiple people, please fill out one registration form for each person.

Date: _____

Name: _____

Mailing Address: After payment is received manual and handouts will be sent to the address provided. A signature will be required.

City, State, Zip: _____

Home Phone: _____

Company Name: _____

Work Phone: _____

E-mail Address: _____

Location	Dates	Cost*

Registration is not complete until payment is received.

Payment Information

Cost of the course: \$350.00

Please make checks out to: **Horizon Seminars**

Credit Card: Visa Mastercard Discover AMEX

*All credit card payments will incur an additional \$10 fee for each registration.

Card Number: _____ - _____ - _____ - _____

Exp. Date: _____

Card Holder Name: _____

Security Code: _____

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