



Horizon AFO Certification Seminar Registration Form

To complete the registration process, please complete this form and mail 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 participants, please fill out one registration form for each participants.

Date: _____

Participant 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: _____

Participant Phone: _____

Participant E-mail: _____

Company Name: _____

Accounts Payable Contact Name: _____

Accounts Payable Phone: _____

Accounts Payable E-mail: _____

Location	Dates	Cost*

Registration is not complete until payment is received.

Payment Information:

Make check payable to:
Horizon Seminars

Mail registration forms and checks to:
4444 Round Lake Road West
Arden Hills, MN 55112

Email forms to:
seminars@horizonpoolsupply.com

Call us at 651-917-3075 with any questions or to register.

Credit Card Payment Information:

Credit Card: Visa Mastercard
 AMEX Discover

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

Card Number: _____-_____-_____-_____

Exp. Date: _____

Card Holder Name: _____