

**David Vine Associates**

**Webinar Registration Form**

Fax to 803-649-1185 or mail with a check or purchase order to:  
David Vine Associates, LLC at 963 Dougherty Road, Aiken, SC 29803

**Billing Information**

Organization/Company \_\_\_\_\_ Div/Unit \_\_\_\_\_

Primary Contact Name (person filling out form) \_\_\_\_\_

Position/Title \_\_\_\_\_ Email \_\_\_\_\_

Tel \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Address Line #1 \_\_\_\_\_ Address Line #2 \_\_\_\_\_

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

AX/DSC/MC/V Card # \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_

Name on card (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

**Webinar Attendees**

1. Name \_\_\_\_\_ Email \_\_\_\_\_

Webinar Title, Date & Time \_\_\_\_\_

2. Name \_\_\_\_\_ Email \_\_\_\_\_

Webinar Title, Date & Time \_\_\_\_\_

3. Name \_\_\_\_\_ Email \_\_\_\_\_

Webinar Title, Date & Time \_\_\_\_\_

4. Name \_\_\_\_\_ Email \_\_\_\_\_

Webinar Title, Date & Time \_\_\_\_\_

5. Name \_\_\_\_\_ Email \_\_\_\_\_

Webinar Title, Date & Time \_\_\_\_\_

6. Name \_\_\_\_\_ Email \_\_\_\_\_

Webinar Title, Date & Time \_\_\_\_\_

Add the RFFlow software for \$40? Yes \_\_\_\_\_ No \_\_\_\_\_

Add the Cell Phone & Mobile Device CD-ROM for \$20? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you need a certificate of completion? (\$7/webinar) Yes \_\_\_\_\_ No \_\_\_\_\_