

2020 Kansas City Focus Training Registration Form

Complete this form (including payment info) and email is to: pam@focusseminar.com Please select the Training you will attend below:



<input type="checkbox"/> January Focus Series January 10-12 & 22-26 Momentum: February 7-9	<input type="checkbox"/> April Focus Series April 3-5 & 15-19 Momentum: May 1-3	<input type="checkbox"/> July Focus Series July 10-12 & 22-26 Momentum: August 7-9	<input type="checkbox"/> October Focus Series October 2-4 & 14-18 Momentum: November 6-8
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Name: _____
 (Please print) Last First MI Preferred Name

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ HOME WORK CELL

Alt Phone: _____ HOME WORK CELL

Email: _____ Birthdate: _____

Who referred you to Focus? _____ Relationship: _____

Email: _____ Phone: _____

Make checks payable to FOCUS Seminars

CASH CHECK VISA MASTERCARD AMEX DISCOVER

Card Number: _____ Exp. Date _____ CCV _____ Amount _____

Cancellation/Refund Policy: Over 14 days advance notice – no charge; 7-14 days advance notice – 80% refund; less than 7 days advance notice – 50% refund. If you are unable to attend or unable to complete the scheduled seminar, 100% of your payment will be held and applied to another seminar, up to one year from date of payment. The 100% Money Back Guarantee is ONLY Valid after participant has completed the entire 3 weekend FOCUS series & is dissatisfied with personal results. Participant is to express dissatisfaction to the Trainer at the conclusion of the final weekend in order to be eligible.

Signature: _____ Date: _____

By signing this form I agree that Focus Seminars of KC, Inc., reserves the right to change location, dates, times and pricing of trainings at will, & that I have read and understand the Cancellation & Refund Policy.

Questions? Call the Focus Office:

Focus Office - P.O. Box 481692, KCMO 64148 - 816-767-8600