



Seminar Registration and Product/Service Order Form

INDIVIDUAL'S NAME _____

ORGANIZATION/FIRM NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE + 4 _____

(_____) (_____)

TELEPHONE _____ FAX _____ E-MAIL _____

COURSE TITLE(S)	DATE(S)	LOCATION(S)	FEE (see page 4)
DISCOUNTS (see page 4): <input type="checkbox"/> EARLY PAYMENT <input type="checkbox"/> GROUP REGISTRATION			-(_____)
<input type="checkbox"/> SUBSCRIPTION TO NRC'S ONLINE RESOURCE LIBRARY AND NEWSLETTER (see page 7) — \$295			
E-MAIL ADDRESS OF SUBSCRIBER: _____			
ADDITIONAL ONLINE RESOURCE LIBRARY SUBSCRIBERS FROM SAME ORGANIZATION — x \$195 EACH			
NAMES AND E-MAIL ADDRESSES OF ADDITIONAL SUBSCRIBERS: _____			
<input type="checkbox"/> MODEL ACCOUNTING POLICIES SINGLE-USER LICENSE — \$395 or \$350 (see page 6) — AND SIGN BELOW			
_____			TOTAL ORDER

PAYMENT METHOD (check one): CHECK AMEX MC VISA

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

NAME ON CARD: _____

SIGNATURE: _____ DATE: _____

SECURITY CODE ON BACK OF CARD: _____

CARD HOLDER ADDRESS: _____

Mail forms with check or credit card payment to:
 Nonprofit Resource Center
 P.O. Box 8585
 Gaithersburg, MD 20898-8585

Fax forms with credit card payment to:
 301-987-0988

DO YOU WANT TO RECEIVE YOUR SEMINAR CONFIRMATION BY: E-MAIL FAX MAIL

If you are ordering our Model Accounting Policies and Procedures, sign below indicating your acceptance of the terms described on page 6 (agreement to Single-Use License Agreement, which prohibits any form of use or distribution of the policies outside of one single nonprofit organization).

 SIGNATURE: _____ DATE: _____