



# brokerWOLF REGISTRATION FORM

Return form to: [dwales@lwolf.com](mailto:dwales@lwolf.com) Attention: Debbie Wales

231 Shearson Crescent, Suite 310, Cambridge, Ontario, Canada, N1T 1J5 • 1.866.CRY.WOLF(279.9653) • [lwolf.com](http://lwolf.com)

Day 1 Training Session		Day 2 Training Session	
Registration Deadline	<i>Please note that this training is tentatively scheduled, as this session is based on the number of attendee's. Please refrain from booking flights and hotels until the session has been confirmed.</i>		
Location			

Company Name		Client ID Number	
Address		City	
Province/State		Postal/Zip Code	

1 <sup>ST</sup> Attendee Name		Position	
Email address			
Session(s)	<input type="checkbox"/> Day 1 - \$349* <input type="checkbox"/> Day 2 - \$349** <input type="checkbox"/> Both - \$599		

2 <sup>ND</sup> Attendee Name		Position	
Email address			
Session(s)	<input type="checkbox"/> Day 1 \$349* <input type="checkbox"/> Day 2 \$349** <input type="checkbox"/> Both \$599 <input type="checkbox"/> *\$299 for 2 <sup>ND</sup> attendee day 1 from the same office <input type="checkbox"/> **\$299 for 2 <sup>ND</sup> attendee day 2 from the same office <input type="checkbox"/> Both \$498		

3 <sup>RD</sup> Attendee Name		Position	
Email address			
Session(s)	<input type="checkbox"/> Day 1 \$349* <input type="checkbox"/> Day 2 \$349** <input type="checkbox"/> Both \$599 <input type="checkbox"/> *\$299 for 3 <sup>RD</sup> attendee day 1 from the same office <input type="checkbox"/> **\$299 for 3 <sup>RD</sup> attendee day 2 from the same office <input type="checkbox"/> Both \$498		

4 <sup>TH</sup> Attendee Name		Position	
Email address			
Session(s)	<input type="checkbox"/> Day 1 \$349* <input type="checkbox"/> Day 2 \$349** <input type="checkbox"/> Both \$599 <input type="checkbox"/> *\$299 for 4 <sup>TH</sup> attendee day 1 from the same office <input type="checkbox"/> **\$299 for 4 <sup>TH</sup> attendee day 2 from the same office <input type="checkbox"/> Both \$498		

**PAYMENT**

Pre-Authorized Payment – Debited from payment method on file with Lone Wolf	
Total Payment Amount (Plus Applicable Taxes):	\$

**AUTHORIZED SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**IMPORTANT:** Please use Adobe Reader to fill out this form. If you do not have Adobe Reader, you can download the latest version at <http://get.adobe.com/reader/>

