



Register form

Please fill and return to: I.D.Com International Inc.

I register to: **Ultimate Self Actualization**
May 23, 24 and 25, 2008, from 9:00 am to 6:00 pm
Centre 7400, 7400 St-Laurent Boulevard, Montréal (Québec), Canada.

First name : _____

Family name: _____

Company: _____

Adress: _____

City: _____ Province : _____ Country : _____

Postal Code: _____ Referred by : _____

Phone: (____) _____ Work : (____) _____

Fax: (____) _____ E-Mail : _____

I agree that no part of this material and/or documentation may be reproduced, stored in a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photocopying, recording, etc.) without the prior written permission of Dr. Michael Hall and I.D.Com International Inc.

I also agree to respect the confidentiality of the identity of the participants and of all delivered testimony.

Signature: _____

I include my deposit (\$125.00) and a post dated cheque of \$659.48, for the 23 th of may 2008 (or the authorization of credit card) or the full payment of \$ 784.48 (\$ 695 + taxes). If you pay only the deposit, the balance need to be paid the first day of the workshop. The payment could be made by cheque to I.D.Com International Inc., or by credit card Visa or Master Card. The deposit is not refundable unless the training is cancelled by I.D.Com International Inc. However it is applicable to any other product or service of I.D.Com.

Cheque Visa MasterCard

Card number: _____ Expiration date: _____

Signature of authorization: _____ Amount of payment: _____

Note: Following the reception of your registration form, we will send you a confirmation letter with your receipt. You can send us your registration form by mail, fax or email. Thank You.

I.D.Com International inc.

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