



Flourish: Relationship Trauma

www.theleapeffect.com/flourish

Registration Form

VENDOR CONTACT INFORMATION

First Name: _____ Last Name: _____

Title: _____

Company: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: _____

Fax: _____ Email: _____

Website: _____

REGISTRATION

Vendor Information

\$99 Product/Service: _____

Product Description: _____

Service Description: _____

Yes, I have read and agree to the registration and cancellation policies.

PAYMENT METHOD – *Payment must accompany this form or the registration will not be processed.*

Payment Option: MC VISA AMEX Check Money Order Amount Enclosed: \$ _____

Credit Card # _____

CVV# (Security Code): _____ Expiration Date: _____

Name on Credit Card: _____ Signature: _____

Billing Address: _____

REGISTRATION POLICIES

- Registration confirmations will be emailed.
- Pre-registration ends November 2, 2022. After this date, registration must be on-site.
- Only registered attendees with a badge may attend convention events/activities.
- Registration rates quoted are in U.S. dollars. Checks must be payable in U.S. funds drawn on a U.S. bank.
- No personal checks accepted for on-site registration.
- Return check fee is \$50.

CANCELLATION POLICIES

- There will be no refunds for cancellation.

CONTACT ORGANIZER

LaChan Knowles

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Call at:

(813) 992-5741

[Submit](#)