



CITIZENS FOR NATIONAL SECURITY

Educating / Motivating / Activating

SEMINAR REGISTRATION FORM

1.

Name: _____ Date: _____

- Check here if you are a current Basic CFNS Member and go right to Section 2
- Check here if you are a current Roundtable CFNS Member, and go right to Section 3

Address: _____

City, State, Zip: _____

Phone: _____ E-Mail: _____

How did you hear about the Seminar? _____

Please sign me up as a member of CFNS as well. (check one) _____ \$50.00 Basic _____ \$150.00 Round Table

2.

- My check is attached \$35.00 per person
- Please charge my credit card: (circle one)
Visa MasterCard American Express Discover

Cardholder Name: _____

Billing Address: _____

- (same as above)

City, State, Zip: _____

Credit Card Number: _____

Total amount to be charged \$ _____

Expiration Date: _____ Security Code: _____

3. GUEST INFORMATION (CFNS members only) PLEASE PRINT CLEARLY!

Name, full address phone number and e-mail of your guest if you are bringing one:
