



# S. HARMAN & ASSOCIATES, INC.

The Employee Benefits Experts

## Seminar Registration Form

**1. To register, either mail OR fax this form to us:**

**MAIL** this completed page to:  
S. Harman & Associates, Inc.  
P.O. Box 1129  
Sykesville, MD 21784-1129

**FAX** this completed page to:  
(410) 549-1261

**2. Print or type participant's contact information.** *(Use one sheet per course title)*

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
AGENCY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
**COURSE:** \_\_\_\_\_ **DATES:** \_\_\_\_\_

**3. Choose your method of payment.**

\_\_\_\_\_ Please charge my registration to the following government purchase card:  
 VISA     MC  
Credit Card Number: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Name that appears on card: \_\_\_\_\_  
Signature: \_\_\_\_\_  
\_\_\_\_\_ Bill my agency (Training Authorization form attached)  
\_\_\_\_\_ Check or money order  
MAKE CHECK PAYABLE TO: S. HARMAN & ASSOCIATES, INC.

**CANCELLATION POLICY:**

Registration is permitted on the day of the seminar on a space-available basis. The tuition fee is fully refundable if cancellation is received in our office AT LEAST 5 working days prior to the seminar; otherwise your agency will be billed for the seminar. Substitutions are permitted at any time.

P.O. Box 1129, Sykesville, MD 21784-1129 • Phone (410) 795-9296 • Fax (410) 549-1261 •  
www.sharmansite.com