

## Registration Form



Ticket Covers:

TUITION



HOTEL



MEALS



TRANSPORTATION

### REGISTRATION FEE

**\$3,000**  
FOR THE FIRST PERSON



**\$2,500**  
SECOND PERSON

2nd person when  
hotel room is shared  
with someone from  
your company.

\*PRICES ARE SUBJECT TO  
TAX WHERE APPLICABLE

**REGISTRATION  
FEE WILL  
BE APPLIED  
TOWARD NEW  
EQUIPMENT  
PURCHASE  
(\$15,000 OR MORE)**

FROM ULTRASOURCE LLC  
WITHIN THIRTY DAYS  
OF SEMINAR  
(PRIOR TO OR AFTER).

### 2024 DATES

**FEB**  
27 - 29

☐

**APRIL**  
16 - 18

☐

**JUNE**  
4 - 6

☐

**AUG**  
20 - 22

☐

**OCT\***  
8 - 10

☐

*\*Presented in Spanish*

### ATTENDEE INFORMATION (for name badge & certificate)

**1** Name: \_\_\_\_\_

Title: \_\_\_\_\_

**2** Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Completed By:** \_\_\_\_\_

*\* Name of person who completed form & agrees to below terms*

**NOTE:** Airfare and other travel expenses are attendee's responsibility. Children under 17 years of age are not permitted to attend the UltraSource Academy or group meals. No pets allowed.

### HOTEL

#### Accommodations:

☐ 1 Person per room ☐ 2 Persons per room

### DIETARY RESTRICTIONS

**Dietary Restrictions:** \_\_\_\_\_

(e.g. Vegetarian, Allergies, etc.)

Unfortunately we cannot accommodate for Kosher or Halal participants.

### TRANSPORTATION

#### I will be:

☐ Driving to the Academy ☐ Arriving by plane

**NOTE:** Complete flight details are required 21 days prior to the Academy start date. There are no group activities on Arrival day; flights on Monday may be scheduled at your convenience. Complimentary group ground transportation will be arranged by UltraSource from the airport to the hotel for Monday arrivals. Departure flights on Thursday are to be after 3:00 PM to allow time to participate in the product lunch.





## Registration Form

### PAYMENT TERMS

#### ☐ Credit Card

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Approved by: \_\_\_\_\_

Amount: \_\_\_\_\_ Sec. Auth. Code: \_\_\_\_\_  
(3-digit code on back of card)

#### ☐ Check Enclosed

*Payable in U.S. funds to UltraSource LLC*

#### ☐ Check By Phone

*ACH Debit to your bank account*

*Include faxed copy of voided check*

Bank Name: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Name on Account: \_\_\_\_\_

#### CANCELLATION

In order to receive a full refund of your registration fee, we must receive your cancellation, in writing, by noon on the Monday 3 weeks prior to your registered program date. If cancellation is not provided as indicated, you agree to be responsible for charges from the hotel in the amount of \$200 per guest room.

#### MAIL, FAX, OR E-MAIL COMPLETED FORM TO:

**MAIL:** Attn: Christopher James  
UltraSource LLC  
1414 West 29th Street  
Kansas City, MO 64108-3604

**FAX:** 816.753.4976

**E-MAIL:** Academy@UltraSourceUSA.com

**TOLL-FREE:** 800.777.5624 x2013

**PHONE:** 816.753.4976