

Dubai Seminar Registration Form

JULY 20 & JULY 21, 2005

Name			
Home Address			
Telephones	Home	Work	Cell
Address In Dubai			Tel:
Second Attendant	Name	Relationship	
Third Attendant	Name	Relationship	

I, _____, understand and agree to the **NO REFUND POLICY**.

SIGNED DATE

· Pre-paid \$50
· At the Seminar \$100

	Date	Hour	Number of Attendees		Sub-Total
<input type="checkbox"/> 1	7/20/2005	10:00 to 12:00		x	\$50
<input type="checkbox"/> 2	7/20/2005	01:00 to 03:00		x	\$50
<input type="checkbox"/> 3	7/21/2005	10:00 to 12:00		x	\$50
<input type="checkbox"/> 4	7/21/2005	01:00 to 03:00		x	\$50
					Total

Please fill out the form and check the specific date and time and the number of attendees, and enclose a money order, payable to the Law Offices Of Shahin Motallebi, and send it to:

LAW OFFICES OF SHAHIN MOTALLEBI
1600 Sawtelle Blvd., Suite 102
Los Angeles, CA 90025
U. S. A.

or write your credit card information below and fax it to 1 (310) 268-1686:

Credit Card Type.....Name on Credit Card.....

Credit Card Number..... Expiration Date.....

Three Digit Security Code.....