



**SEMINAR SIGN UP SHEET**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HM. TEL. (\_\_\_\_) \_\_\_\_\_ BUS. TEL. (\_\_\_\_) \_\_\_\_\_  
FAX (\_\_\_\_) \_\_\_\_\_ DAY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  
NAME OF ATTENDEE(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$20.00 PER ATTENDEE

NUMBER OF ATTENDEE(S)

TOTAL SEMINAR FEES: \$

**INDICATE METHOD OF PAYMENT**

CHECK ENCLOSED PAYABLE TO "LEGAL ADVISORS, INC."

DRIVER LICENSE #

REGISTERED BY TELEPHONE

MASTERCARD \_\_\_\_\_ VISA \_\_\_\_\_ DISCOVER \_\_\_\_\_ AMERICAN EXPRESS

CREDIT CARD # \_\_\_\_\_ CARD EXPIRATION

SECURITY CODE (3 DIGITS ON THE BACK OF THE CARD)

SIGNATURE:

CARDHOLDER BILLING ADDRESS:

PLEASE FAX BACK TO OUR OFFICE AT 949-262-1202 OR MAIL THIS FORM TO:  
LEGAL ADVISORS, INC.  
18 TRUMAN, IRVINE, CA 92620

PLEASE NOTE THAT THE SEMINAR FEES ARE NON REFUNDABLE. IF YOU ARE  
UNABLE TO ATTEND, WITH 72 HOURS ADVANCED NOTICE, SEMINAR FEES MAY  
BE APPLIED TO FUTURE SEMINARS.

CONFIRMATION #