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|  | **Two-Day Attendee List** |  |  |  |  |  |  |
|  | Name of Attendee |  | Email of Attendee |  | Phone |  | Total |
| 1 |   |  |  |  |  |  |  |
| 2 |   |  |   |  |   |  |  |
| 3 |   |  |   |  |   |  |  |
| 4 |   |  |   |  |   |  |  |
| 5 |   |   |   |   |   |  |  |
| 6 |   |   |   |   |   |  |  |
| 7 |   |   |   |   |   |  |  |
| 8 |   |   |   |   |   |  |  |
| 9 |   |   |   |   |   |  |  |
| 10 |   |   |   |   |   |  |  |
| 11 |   |   |   |   |   |  |  |
| 12 |   |   |   |   |   |  |  |
| 13 |   |   |   |   |   |  |  |
| 14 |   |   |   |   |   |  |  |
| 15 |   |   |   |   |   |  |  |
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|  | **One-Day Attendee List** |  |  |  |  |  |  |
|  | Name of Attendee |  | Email of Attendee |  | Phone |  | Total |
| 1 |   |  |   |  |   |  |  |
| 2 |   |  |   |  |   |  |  |
| 3 |   |  |   |  |   |  |  |
| 4 |   |  |   |  |   |  |  |
| 5 |   |  |   |  |   |  |  |

 **Grand Total**

|  |  |
| --- | --- |
| **Company Name** |   |

|  |
| --- |
| ***Who should we contact for payment?*** |
| **Name** |  |  |  |  |  | **Phone** |  |  |
| **Email** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **We'd like to pay via** |  |
|  |  |  |  |  |  |
|   | ACH |   | Credit Card |   | Invoice |

**Please send us your completed form and we will contact you for payment!**

**Email** to: academy@universalss.com

**Fax** to: (810) 653-8515 Attn: LISA

**Call**: (810) 653-5000 x 334