



## AAEG / Vampire® PRP Workshop Registration Form

Please Register Me for The Following Course:

Course City: \_\_\_\_\_ Course Date(s): \_\_\_\_\_

Attendee Name: \_\_\_\_\_ (as to appear on Certificate)

Address:

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Personal Phone: \_\_\_\_\_

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

How did you hear about the course? \_\_\_\_\_

### Payment Information:

Credit Card#:

Expiration:

Name on Card:

Billing Address If Different From

Above: \_\_\_\_\_

I authorize the AAEG to charge my card for course enrollment fees (AAEG PRP Workshop Fee \$1495) Vampire® Workshop Fee (\$3402). A 48 hour cancellation notice is required for a full refund or credit for a future class. To cancel or for further information please call customer service at (831) 233-8512 with any questions or visit us online at [aaeg.education](http://aaeg.education). To return your registration please email your form to [support@aaeg.education](mailto:support@aaeg.education) or fax to (800) 481-0598.

Attendee Signature: \_\_\_\_\_ Date: \_\_\_\_\_