

# Course / Seminar Registration Form

Course /  
Seminar  
Title

Date:

First Name:

MI:

Last Name:

Nick Name:

☐

User Preferred

Address

City:

County:

State:

Zip:

-

Cell:

Phone:

Under 18    No    Yes

Email:

USPS members enter your certificate #,  
the big E #. If you are not a member,  
enter your little e #. Contact Jim Heckman, see Email address below, to get a  
little e#.

Note: The above information is required to obtain the eBook for the course /  
seminar, if there is one, and to get credit for the course/seminar. Please be sure  
it is correct.

## Instructions:

- 1) Download this form
- 2) Open the downloaded form
- 3) Fill out the form
- 4) Save the form on your computer
- 5) Email the saved form as an email attachment to  
JLHECKMAN4929@gmail.com