



**MEALS WILL BE PROVIDED.**

Please list any special diet requirements \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL ACCOMODATIONS**

Please notify LaVision of any special accommodations that you require so that we can make your learning experience as excellent as possible.

**PAYMENT OPTIONS**

Visa \_\_\_\_ MasterCard \_\_\_\_ Check \_\_\_\_ Purchase Order \_\_\_\_

Credit Card Payment Authorization

Name on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security code: \_\_\_\_\_

**FEE SCHEDULE** (lunch & dinner included)

	<b>Early Registration Payment before 7/20/2018</b>	<b>Standard Registration Payment before 9/21/18</b>
<b>Student</b>	\$950	\$1,100
<b>Faculty/Government</b>	\$1,500	\$1,775
<b>Corporate</b>	\$2,950	\$3,225

TOTAL AMOUNT DUE: \$ \_\_\_\_\_

By signing below, you authorize LaVision to bill your credit card for the amount noted above. All fees are non-refundable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date