

EMPLOYEE BENEFIT ADVISORS

BENEFIT CONSULTANTS TO GOVERNMENT & INDUSTRY

General Information			
Participant Name:		Position or Title:	
Agency Name:			
Complete Mailing Address:			
City:		State:	Zip:
Telephone:	Fax:	E-mail:	
Seminar Information			
Seminar Title:		Seminar Dates:	
Seminar Location:		Seminar Fee:	
Payment Method			
Please Check One: <input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Government I.M.P.A.C Card <input type="checkbox"/> *Check or Money Order <small>*(Please include this registration form when mailing and make check or money order payable to Employee Benefit Advisors.)</small>			
Account Number:		Exp Date:	
Name as it Appears on the Card:		Signature:	
<input type="checkbox"/> Bill My Agency			
Billing Office Address			
City:		State:	Zip:
Agency Accounting Data/Billing Codes or Purchase Order Number:			
Billing Office Telephone:		Billing Office Fax:	
Authorization / Official Approval			
Name:		Title:	
Signature:			
Date of Approval:		Telephone:	

Note: If you are registering multiple participants, please list their names on the next page.

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