## 2019 ENERCEPT UNIVERSITY—MAY 2-3

## PARTICIPANT REGISTRATION FORM

## **IMPORTANT:**

This form is required for each participant, and must be returned to Enercept no later than April 15th. Dealer Name: Participant Name: \_\_\_\_\_ Address: City/State/Zip: Phone: Email: S M L XL XXL XXXL other \_\_\_\_\_ T-shirt size: Please return this information with a \$200.00 payment. \_\_\_\_\_ Check enclosed Please apply \$200.00 to my credit card (you can call Debbie Kranz at 605-882-2222 to process credit card payments, or include your card information below) Enercept accepts: VISA or MASTERCARD Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_ Billing Address \_\_\_\_\_ Expiration Date Security Code Registration can be mailed to Enercept Roberta Bartel 3100 9th Ave SE Watertown, SD 57201

Emailed to: rbartel@enercept.com Or faxed to: 605-882-2753 If you have any questions, please call Roberta Bartel at 605-882-2222.