



TONY FRANKLIN SEMINAR ALUMNI APPLICATION - 2010



Name: _____

School: _____

Address: _____

City: _____ **ST:** _____ **Zip:** _____

School Phone: () _____ **School Fax:** () _____

Home Phone: () _____ **Cell Phone:** () _____

Email: _____ **Billing Email:** _____

Check the Seminar(s) you plan to attend:

Location	Date	Seminar Registration Deadline	Hotel	Hotel Reservation Deadline
<input type="checkbox"/> Nashville	January 16-18	01/02/10	Gaylord Opryland Resort and Convention Center	12/17/2009
<input type="checkbox"/> Houston	Jan. 30 – Feb. 1	01/16/10	Double Tree Hotel Houston/Intercontinental Airport	1/22/2010
<input type="checkbox"/> Dallas	February 13-15	01/20/10	The Westin DFW Airport	1/29/2010
<input type="checkbox"/> Atlantic City	March 6-8	02/27/10	Seaview Resort and Spa	02/06/2010
<input type="checkbox"/> Los Angeles	April 17-19	04/02/10	Anaheim Marriott Suites	04/02/2010
<input type="checkbox"/> Chicago	April 30-May 2	04/16/10	TBD	TBD

Tony Franklin Seminars receives a commission on some of the hotel rooms purchased by attendees.

Of Coaches Attending: _____ **Classification** _____

Names Of Assistant Coaches Attending:	Email Address
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

To add coaches please attach an additional sheet of paper.

\$1995 (\$1495 if accepted 2 weeks prior to first clinic attended).

Fee includes all of my coaching staff and myself to attend and participate. I understand if at the *end of the clinic* I am not 100% satisfied, then I will return all materials and receive a full refund!

Send Payment To:
Registration Questions? Contact Kwyn: 800-804-8786

Tony Franklin Seminars
PO Box 22826
Lexington, Kentucky 40522
Fax: 859-309-1883

Billing Options:

- Full Payment
- Payment Plan = Minimum 33% down(\$498.33), 2 equal payments due 6/30, 9/30/2010 (\$498.33 each)
- Fall Billing = Minimum 33% down (\$498.33), balance due by 9/30/2010 (\$996.67)

\$500 Discount If Accepted 2 Weeks Prior To First Attended Seminar

Authorized Signature: _____ Title: _____ Date: _____
I authorize the purchase of the Tony Franklin System and accept responsibility for full payment of this product.