

MEDIA HOT SEAT

IN THE MEDIA "HOT" SEAT REGISTRATION

How did you learn about the course? (Please provide name so they can be thanked!)

Name of Participant

Type of Business

Title at Business

Address

City

State

Zip

Country

Telephone

Mobile phone

Email

Media Hot Seat Course (select)

PR System

On-Camera Interviewing

Date and time of course

Total Number of Participants Registering From Your Organization

(please list additional participant names on page two, if required)

Number of Registrants per Class / Tuition

_____ PR System (2 sessions) \$995.00 total

_____ On-Camera Interviewing \$995.00

Total Amount To Charge To My Card: \$

Select Card Type:

Visa

MasterCard

American Express

Print Full Name On Card

Credit Card Number

Card Security Code

Signature _____

Due to the exclusivity of these courses, there are no refunds or cancellations.

Name of 2nd Participant

Date of Workshop Participant Plans To Attend

Position/Title

Email

Office Phone

Name of 3rd Participant

Date of Workshop Participant Plans To Attend

Position/Title

Email

Office Phone

Name of 4th Participant

Date of Workshop Participant Plans To Attend

Position/Title

Email

Office Phone

Name of 5th Participant

Date of Workshop Participant Plans To Attend

Position/Title

Email

Office Phone

Media Hot Seat

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