



REGISTRATION FORM

Scarey Stories from a Closer

Name: _____

Company Name: _____

Address/City/State/Zip _____

Email: _____

Form of Payment:

_____ cash

_____ check

_____ credit/debit card # _____

_____ 3 digits on back _____ exp dated _____ zip code

You may complete this form and return to me many different ways:

1. Scan and email to me at **clockhoursbyangie@gmail.com**
2. Mail to me at the address below
3. Drop off at my office at IPT 25 W. Cataldo, Spokane Wa. 99201
4. Fax to 509-532-9009

Or you can complete the registration form and omit the credit/debit information and call me with it. I immediately destroy all the sensitive information for your safety.
