



Seminar Registration

Lumen Designer 2004

Group Training

Contact

Name: _____
 Company: _____
 Address: _____
 City/State/Country: _____
 Postal Code: _____
 Telephone: _____ Fax: _____
 E-mail: _____

Payment

Mastercard Visa Discover American Express Check¹ Wire Transfer²

Card Number: _____ Exp. Date: _____
 Cardholder Name: _____ Signature: _____

Billing Address: _____
 Same As Customer

¹Please make checks payable to Lighting Technologies, Inc. in US funds drawn on a US bank. ²Please inquire at (720) 891-0030 to arrange for direct wire transfers. Purchase Orders will only be accepted for orders over US\$1,000.

Lumen Designer 2004 Group Training Seminars

Note: All attendees receive a 1-yr Premium Technical Support contract

Seminar Dates: _____
 Seminar Location: _____

Primary Attendee: _____ \$795

Name: _____
 Title: _____

Additional Attendees: _____ # _____ x \$695 = _____

Name: _____
 Name: _____
 Name: _____
 Name: _____
 Name: _____
 Name: _____
 Name: _____

Discounts / Special Offers / Coupons: _____

Cancellation Policy: To insure registration slots are available to all and to cover the costs of seminar expenses, the following cancellation policy is enforced. A full refund if you cancel 14 days or more prior to the seminar date. A refund of 50% if you cancel 7-14 days prior to the seminar date. No refunds are provided for cancellations within 7 days of the seminar date.

TOTAL _____

Send

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