

Danny Zaino

Seminar Request Form

TYPE OF SEMINAR REQUESTED

(Subject): _____

½ Day Clinic - \$750.00 1 Day Seminar - \$1500.00

2 Day Seminar - \$2000.00 2 Day Certification Course - \$2500.00

Name of Requestor: _____

Phone: (_____) _____ - _____

Mailing Address: _____

City: _____ **State:** _____

Zip: _____ **Country:** _____

E-Mail dress: _____ @ _____

REQUESTED DATES: Seminars are conducted on Saturdays only unless it is a 2-day seminar.

1st Choice: ____/____/____ **2nd Choice:** ____/____/____

3rd Choice: ____/____/____

LOCATION of SEMINAR: This is the actual address where the seminar is to be held if different than above.

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ - _____

I have enclosed my \$200 non-refundable deposit made payable to: DZ Enterprises Inc. to reserve my seminar date.

Mail to: 18238 Jupiter Landings Drive * Jupiter, FL 33458

or pay thru paypal secure pay. For more details call: 561-575-5425 or email: dzkarate@comcast.net.

Signature: _____

Date: ____/____/____