

Group Registration Form

Please fill out the form below and email it to accounting@theknowledgegroup.org or, you may fax it to 646-219-538 for the attention of the registration department.

You will receive a confirmation receipt and dial-in instructions via email. Registrations are normally processed in 1 business day or less.

Please also complete the payment information segment on the other page. If registering multiple attendees, please include their information on the following page.

Primary Attendee Info:

Attendee/Contact Name: _____

Company Name: _____ Title: _____

Business Phone _____ Email: _____ State: _____

A. Webcast Registration

Total Registrants	Webcast Title	Webcast Date	Coupon Code (if provided)	Fee (Total)
_____				\$ _____

B. Continuing Education Processing (If Required)

NUM	Continuing Education Credit	Processing Fee
_____	CLE processing in the states not mentioned below, CPE and other CE credit processing	\$65.00
_____	CLE processing in Montana, South Carolina, Nevada, Virginia and Texas	\$85.00
_____	CLE processing in Washington	\$150.00

Please Note: State bar late penalty fees are NOT included.

THE KNOWLEDGE GROUP

LIVE & RECORDED WEBCASTS | LEGAL | TAX | FINANCE | RISK | COMPLIANCE & HR

Know. Lead. Succeed

The Knowledge Group, LLC

Web: www.theknowledgegroup.org

Phone: 646-844-0200 **Fax:** 646-219-5381

Email: info@theknowledgegroup.org

Address: 123 Town Square Place

STE 242

Jersey City, NJ 07310

Additional Attendee Information (If Required)

Name	Title	Phone	Email	State

Payment Info:

Total Payment: \$_____ (Please add the total columns from section A & B)

Payment Terms: Payment due upon registration (**Note:** a 3.5% service fee will be added to credit card payments).

Payment Method (Check the Correct Box & see instructions below)

Credit Card (3.5% Service Fee Applies)

Check

ACH/Wire Transfer Payment

Credit Card

Through selecting this payment method & returning the completed form, the cardholder has provided express authorization for The Knowledge Group, LLC to charge the credit card listed the total amount indicated above plus a service fee of 3.5% on the date indicated below for services outlined on the first page.

Card Type: Visa MasterCard AMEX

Card Holder Name (Please Print) _____

Billing Address: _____ State: _____ Zip/Postal Code: _____

Billing Phone: _____ Billing Email Address: _____

Card Number: _____ Exp. Date: _____ CVV: _____

Check Payment (Company or Personal Check)- Please make the check payable to The Knowledge Group, LLC and scan both sides and attach to an email with this form.

ACH/Wire Transfer Payment: Please email this form to accounting@theknowledgegroup.org and both attach this form and indicate in the email this is the chosen payment method

SIGNATURE _____ DATE _____

I Authorize The Knowledge Group, LLC to process the payment indicated according to the terms detailed above