

Group Annual and Monthly Unlimited Access Pass 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.

Contact Information:

Contact Name: _____

Company Name: _____ Title: _____

Business Phone _____ Email: _____ State: _____

A. Monthly Unlimited Access Pass

Practice Areas	Monthly Subscription Fee	NUM	Coupon Code (if provided)	Fee (Total)
Law	\$20			\$ <u> </u>
Tax, Accounting and Finance	\$20			\$ <u> </u>
Technology	\$20			\$ <u> </u>
Human Resource	\$20			\$ <u> </u>
All Access – gives you access to all the practice areas above	\$80			\$ <u> </u>

Note: Please list the names of monthly plan holders on second page.

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

B. Annual Unlimited Access Pass

Name of Plan	Annual Subscription Fee	NUM	Coupon Code (if provided)	Fee (Total)
Annual Unlimited Access Pass	\$199			\$

Name of Plan Holders:

Name	Title	Phone	Email	Practice Area (for Monthly Unlimited Access Pass)	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: _____

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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