

One Candle, LLC Class Registration Form

NAME: _____

ADDRESS: _____

CITY/ST _____ PHONE: _____

E-MAIL: _____

CLASS NAME AND DATE: _____

PAYMENT IN THE AMOUNT OF: _____ IS ENCLOSED BY CHECK PAYABLE TO ONE CANDLE, LLC
OR

PLEASE CHARGE MY CREDIT CARD FOR THIS AMOUNT: _____
CHARGES WILL APPEAR AS 'ONE CANDLE, LLC'

CARD HOLDER NAME: _____

CARD HOLDER ADDRESS: _____

CITY/ST: _____ ZIPCODE: _____

CREDIT CARD TYPE: _____

CREDIT CARD NUMBER: _____

EXP: _____ CVV: _____ (three digit code on back of card)

AUTHORIZED SIGNATURE: _____

KEEP THIS AS YOUR REMINDER:

CLASS TITLE: _____

CLASS DATE AND TIME: _____

MAIL FORM TO: ONE CANDLE, LLC
5250 NEIL RD, Suite 301B RENO, NV 89502
RENO, NV 89502

ALL CLASSES WILL BE HELD AT
MEADOWOOD OFFICE PLAZA
5250 NEIL RD.
THIRD FLOOR CONFERENCE ROOM
RENO, NV 89502
CALL OR EMAIL WITH QUESTIONS
775-853-4142
DRCHILDS@ONECANDLE.NET

