

Danny Zaino Seminar Request Form

Type of Seminar Requested:

(Subject): _____

- 1/2 day clinic - \$750.00 (Plus traveling expenses and hotel accommodations)
- 1 Day Seminar - \$1500.00 (Plus traveling expenses and hotel accommodations)
- 2 Day Seminar - \$2000.00 (Plus traveling expenses and hotel accommodations)
- 2 Day Certification Course - \$2500.00 (Plus traveling expenses and hotel accommodations)

Requestor Last Name: _____ **First Name:** _____

Mailing address: _____

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

Country: _____

Hm. Ph:(____)____ - ____ **Cell Ph:**(____)____ - ____

Email Address: _____

URL: _____

Requested Dates: Seminars are conducted on Saturdays ONLY, unless it is a 2 day Seminar.

1st Choice: ____ / ____ / ____ **2nd:** ____ / ____ / ____ **3rd:** ____ / ____ / ____

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 \$200.00 non refundable deposit to reserve my seminar date made payable to: DZ Enterprises, Inc. in the form of a money order or cashiers check.

Mail to: 18238 Jupiter Landings Drive, Jupiter FL, 33458 or pay thru paypal secure pay. For more details email: dzkarate@comcast.net .

Signature: _____ **Date:** ____ / ____ / ____