

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: _____

**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**

