



ONLINE REGISTRATION FORM

No phone, fax, or email registrations! Please mail this form to the address listed below. Thank you.

Name of Attendee #1: _____
 Attendee Address: _____
 Email Address: _____
 Phone: _____

Name of Attendee #2: _____
 Attendee Address: _____
 Email Address: _____
 Phone: _____

Name of Attendee #3: _____
 Attendee Address: _____
 Email Address: _____
 Phone: _____

Name of Attendee #4: _____
 Attendee Address: _____
 Email Address: _____
 Phone: _____

Name of Attendee #5: _____
 Attendee Address: _____
 Email Address: _____
 Phone: _____

Name of Attendee #6: _____
 Attendee Address: _____
 Email Address: _____
 Phone: _____

Name of Attendee #7: _____
 Attendee Address: _____
 Email Address: _____
 Phone: _____

Name of Attendee #8: _____
 Attendee Address: _____
 Email Address: _____
 Phone: _____

Name of Attendee #9: _____
 Attendee Address: _____
 Email Address: _____
 Phone: _____

Name of Attendee #10: _____
 Attendee Address: _____
 Email Address: _____
 Phone: _____

Please write the name of the person from the above list that is your main contact person: _____

Please list the name of the studio and/or dance ministry if affiliated: _____

Registration Category	Number of Attendees	Fee	Subtotal	Qualifying Teachers Discounts	Total
EARLY BIRD		x \$215		#	- \$215
STD. REG. (Postmarked After July 6th)		x \$240		#	- \$240

NOTE: Please send one check (or money order) to include registration fees for all attendees. You may pay by credit card. There is a 3% convenience fee added to your registration total for this option. Call (407) 208-1035 to register by credit card.

Do you need a Roommate? YES NO Will you be driving a car? YES NO

(Dance Revolution will have a roommate list, but it is not a guarantee that you will have a roommate.)

Main Contact Person: _____ How many years have you been dancing? _____ How many years have you been teaching? _____

Are you a studio owner? _____ Approx. how many students do you have at the dance studio? _____

Liability Statement: *I hereby release and hold Dance Revolution, the hotel facilities, the faculty, their agents and staff harmless from any and all liabilities while participating in any and all activities.* Signature (required) _____

Mail Registration to: REFINE, 6101 Long Prairie Rd., Suite 744-120, Flower Mound, TX 75028