

Simone's E.P.I.C. Conference Registration Summary

This Form is for Directors to use to Calculate all their Fees from all other Forms

Director Name	Team Name	
Address	Email	
City	State	Zip
Phone: ()		

Amount Due From Workshop Registration Form	\$
Amount Due From Duo/Duet/Trio/Photogenic Choreographed Solos Competition Form	\$
Amount Due From Group Competition Form	\$
Total Amount Due	\$

Fill in Credit Card information or Make Checks Payable to:
 Simone Pace
 1400 Keats Dr #1416
 Spartanburg, SC 29301
 864.266.5787
simonepace2000@yahoo.com

Turn in with all registration forms by February 10.

I am paying by: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Check
Name as Appears on Card (print):
Card Number: _____ - _____ - _____ - _____
Exp. Date: ____/____ CVVC #:
Zip Code where Card bill is sent:
Signature: