



Financial Basics of Garden Center Retailing... *An Exclusive Workshop for 2024* **REGISTRATION**

Please complete this registration form and mail with payment to The Garden Center Group by January 15, 2024.
NO CANCELLATIONS AFTER JANUARY 15th.

Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

REGISTRANTS *(List anyone below that should receive email notifications. If more than 4, simply copy form.)*

Attendee 1: _____ Email: _____
Cell: _____
Attendee 2: _____ Email: _____
Cell: _____
Attendee 3: _____ Email: _____
Cell: _____
Attendee 4: _____ Email: _____
Cell: _____

REGISTRATION FEE

Financial Basics of Garden Center Retailing Workshop @ \$4,995	\$ _____
The Garden Center Group Client Special Discount of \$500 Special	– \$ _____
“Refresher” Only (Includes all Group Sessions) @ \$1,995	\$ _____
Total Due: (Registration fee less any single special discount above)	\$ _____

Make checks payable to: The Garden Center Group LLC

Mail or eMail completed registration form and payment to: The Garden Center Group LLC, PO Box 801494, Acworth, GA 30101

Credit card payments: Fill out the Credit Card Authorization Form and return with registration form or **call us** with credit card information at 678-909-7770.

Fax completed registration form with credit card authorization form to 678-909-7771.

*Cancellations (prior to December 31st) must be in writing and directed to:
The Garden Center Group, info@thegardencentergroup.com or faxed to 678.909.7771.
Full refund if canceled by January 15, 2024. No refunds after January 15th.*

The number of people participating in webinar sessions is limited only to the number of people you can accommodate at your facility.



CREDIT CARD AUTHORIZATION

I, _____ (name as it appears on credit card), hereby authorize The Garden Center Group, LLC to charge my credit card account as noted below. I certify that I am the authorized holder and signer of the credit card referenced below and that all information is complete and accurate.

Type of Credit Card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number: _____

Expiration Date: _____ CVC Code (on back of card, or front for AX) _____

CREDIT CARD BILLING INFORMATION:

Company Name: _____

Card Member Name: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Please email credit card payment receipt to: _____

PAYMENT TYPE: Please initial payment type below (one time or recurring), then check the applicable payment box (Retainer, Mystery Shop, Fall Event Registration, Financial Basics Workshop or Other).

One-time payment in the amount of \$ _____

Recurring payment in the amount of \$ _____

Semi-Annual Retainer *Billed twice per year with two payment options as follows:*

Full Payment

Split Payment (1st*)

 Split Payment (2nd*)

Processed 31 days after 1st Split Payment

Mystery Shop(s) *Billed monthly after close of month in which shop is completed*

The Fall Event Registration

Financial Basics Workshop

Other (Please indicate) _____

I hereby authorize The Garden Center Group to charge my credit card one time for the amount indicated above

I hereby authorize The Garden Center Group to charge my credit card a recurring payment for the item(s) and amount indicated above

Cardholder's Signature _____ Date: _____

Complete this form and return via fax or mail to The Garden Center Group office (see contact info below). For security purposes, we do not recommend emailing this form with your credit card information. If you prefer you can call us with your credit card information.

Please make sure the expiration date on the credit card will be valid beyond 2nd Retainer Split Payment date, or through the year in which Mystery Shops will be processed.