



KPI's Basics

An Exclusive Series for 2026

REGISTRATION

Please complete this registration form and mail with payment to The Garden Center Group by February 1, 2026. Registration is per Center and limited only by each center's capacity to view the online sessions.

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

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

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

REGISTRATION FEE

☐ Standard Registration \$4,995
☐ Group Client Registration \$3,995
☐ Special "Refresher" (see details below) \$2,995
Total Due: \$ _____

Special Refresher is available to those who have previously attended the Retail Financial Basics Workshop for Garden Retailing or have worked one-on-one with Retail KPI.

Split Payment Option is available. Pay 50% now, and the balance is due by June 1.

Make checks payable to: The Garden Center Group and mail to the address below.

Credit Card Payments: Fill out the Credit Card Authorization Form and return it with the registration form, or **Fax** completed registration form with the credit card authorization form to 678-909-7771. Or **call** us at 678-909-7770 with your credit card details.

*Cancellations (prior to February 1, 2026) 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 February 1, 2026. No refunds after February 1, 2026.*



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**

☐ **Retail KPIs Basics**

☐ **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.*