



REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ - _____ Email _____

Review Fee: \$490.00 (CA/NV), \$450.00 (Chicago)

TO REGISTER BY MAIL:

1. Complete this form.
2. Make Cashier's Check or Money Order payable to:
Excell Professional Services, Inc.
3. Mail this registration form and your payment to:
Excell Professional Services, Inc.
4N 703 Mountain Ash Dr., Wayne, IL 60184

WE DO NOT ACCEPT PERSONAL CHECKS.

CLASS SCHEDULES (Please check one)

- So. San Francisco (Jun 13 to 22, 2010)
- Chicago, IL (Jun 27 to Jul 15, 2010)
- Sunnyvale, CA (Jul 19 to 28, 2010)
- Burbank, CA (Aug 1 to 10, 2010)
- San Diego, CA (Aug 15 to 24, 2010)
- Chicago, IL (Aug 29 to Sep 15, 2010)
- Claremont, CA (Sep 19 to 28, 2010)
- Chicago, IL (Oct 3 to 20, 2010)
- So. San Francisco, CA (Oct 24 to Nov 2, 2010)
- Chicago, IL (Nov 21 to Dec 9, 2010)
- Las Vegas, NV (Dec 9 to 18, 2010)