

ADVANCED REGISTRATION FORM

GPS Seminar Registration

San Juan Power Squadron

Date: _____

_____ Last Name _____ First Name _____ Initial _____

_____ Street Address _____

_____ City _____ State _____ Zip Code _____

_____ Area Code _____ Telephone Number _____ U.S. Citizen: Yes No

SJPS Public Relations Survey

MALE _____ FEMALE _____ DATE OF BIRTH: _____

BOAT TYPE: None Outboard Inboard/Outboard Inboard Sail Personal Wtrcft

BOAT LENGTH: Under 16' 16-25' 26-39' 40-54' 55' And Over

DO YOU TRAILER YOUR BOAT? Yes No YEARS BOATING _____

HOW DID YOU LEARN ABOUT THIS SEMINAR?

The _____ Magazine TV Channel _____

The _____ Shopper Radio Station _____

The _____ Newspaper A _____ Poster/Flyer

Other _____

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize San Juan Power Squadron to charge my _____

_____ Visa or Master Card

Card #: _____ Expiration Date: _____

Name on Card: _____

Billing Address: _____

Phone: _____

in the amount of \$50.00 for my registration to the GPS Seminar selected above.

_____ Signature

Please send me the Confirmation Note of Registration to:

Fax _____ E-mail _____

Mail _____

Please fax this form duly filled out to SJPS - Office of the Treasurer at (787) 809-2767. No cover page needed.