



AMERICAN SOMMELIER

Seminar Registration Form

ATTENDEE INFORMATION

Name:	Cell Phone:
Address:	Home Phone:
City, State, Zip:	E-mail:
Employer:	Position:
Address:	City, State, Zip:
Bus. Phone:	Bus. Fax:
Are you currently an American Sommelier Member? <input type="checkbox"/> YES, I'm a Member <input type="checkbox"/> NO, I am not a Member	

DATE	TOPIC	# PURCHASING	COST PER ITEM	TOTAL
ANNUAL	TRADE MEMBERSHIP		X	=
ANNUAL	CONSUMER MEMBERSHIP		X	=
<i>(A) MEMBERSHIP SUBTOTAL</i>				
February 6	Sparkle & Shine		X	=
March 19	Age (Ain't Nothing but a Number)		X	=
April 23	Lock, Stock & Barrel		X	=
THURS, May 10	Spring Pairing Dinner		X	=
May 21	A Rosé by Any Other Name Would Smell as Sweet		X	=
June 25	History in the Tasting		X	=
July 23	A Focus on Vintage		X	=
August 20	Unusual Grapes & Why We Love Them		X	=
September 24	Impress Your Boss, Save Your Expense Account		X	=
October 22	Something Old World, Something New		X	=
November 19	Clone Wars		X	=
December 17	Bring in Da Funk		X	=
<i>(B) SEMINAR SUBTOTAL</i>				
<i>(C) 10% DISCOUNT ON SEMINAR SUBTOTAL FOR AMERICAN SOMMELIER MEMBERS</i>				
<i>TOTAL (A + B - C)</i>				

PAYMENT INFORMATION

<input type="checkbox"/> CASH <input type="checkbox"/> CHECK (made payable to American Sommelier Inc.) <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> OTHER (please call the office)	
Name of Cardholder:	Credit Card Number:
Expiration Date:	V-Code Security Number (on back of card):
Billing Address:	Zip Code:
Signature:	Date:

Email completed registration forms to office@americansommelier.com OR fax them to 212.226.6407
 Mail form & a check made out to **American Sommelier Inc., 580 Broadway, Ste 716, New York, NY, 10012**
 Registration fees are non-refundable & registration is not guaranteed until payment in full is received