



**Certified Training Pre-Registration Form**

*Please print or type in black ink*

Name: \_\_\_\_\_

Company: \_\_\_\_\_

If applicable, please state your Pacific Life Regional Vice President: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Additional Guest: \_\_\_\_\_ | \_\_\_\_\_

*Please advise above if you are bringing your significant other and/or children to insure adequate accommodations.*

**Travel Information:**

Arrival Date: \_\_\_\_\_ Airport: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Airport: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Hotel reservations if other than the Venetian: \_\_\_\_\_

*Please provide contact information of additional representatives that will join you:*

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

*(If necessary, please include additional names on a separate sheet of paper attached to this confirmation.)*

**RETURN THIS CONFIRMATION FORM BY FAX NO LATER THAN April 20<sup>th</sup>, 2005 TO:**  
**ATTN: Seminar Department (786) 425-0990 or [licensing@prsplan.com](mailto:licensing@prsplan.com)**

**PRS, LLC • 80 S.W. 8<sup>th</sup> Street, 31<sup>st</sup> Floor • Miami, FL 33130 • Phone (786) 425-9200 or (866) 425-9300 • Fax (786) 425-0990**