



Please complete this form in English.

Family Name _____ Date _____
 First Name _____
 Street _____
 City _____ State/Local _____
 Postal/ZIP Code _____ Country _____
 Telephone _____ Fax _____
 E-mail: _____

Check here if this is a new postal address. Are you 18 years old or older? Yes No
 Master ID # _____ Language _____
 Your Master's Name _____ Translation needed: Yes No

I would like to attend:
 (Please check one.)

- July 26 - Aug. 1, 2008
 Sauerland Stern Hotel
 Willingen, Germany
- October 11 - 17, 2008
 Rosen Plaza Hotel
 Orlando, Florida, USA

New Student (See "Tuition" p. 12 & Payment Methods p. 14)

My 10% deposit of \$250 USD is enclosed.
 I will pay the tuition balance of \$2,250USD
 on _____ (date) _____ (method)

My full payment of \$2,500 USD is enclosed.

I will send my:
 course deposit full tuition balance
 Method of Payment: _____
 Amount: _____ Date of payment: _____

I am staying onsite offsite

Please select your method of payment:
 Bankwire
 Personal Check (10 days in advance please)
 Cashier's/Bank Check or Money Order
 Credit card (10 days in advance please)
 card no. _____
 expiration date _____
 card holder's signature _____
 card holder's address if different from above:

 charge my card on (date) _____

- All course tuition is payable to **Star's Edge International** and must be paid on or before course registration.
- Unused advance payments are fully refundable upon request.

To Register:

by mail:
 Star's Edge International®
 237 North Westmonte Dr.
 Altamonte Springs, FL 32714
 USA

by telephone:
 407-788-3090
 800-589-3767 (US & Canada)

by fax:
 407-788-1052

by e-mail:
 avatar@avatarhq.com
 send us a request and we will
 send you the registration forms

online:
 www.AvatarEPC.com/html/
 procourse.html

Reviewing Student (See "Tuition" p. 12 & Payment Methods p. 14)

Reviewers please pay in advance.
 I am reviewing for the:
 first time (no charge if staying onsite. \$250 if staying offsite)
 second or more time(s) (\$280 if staying onsite. \$530 if staying offsite.)

I have taken the Wizard Course Yes No
 I am staying onsite offsite
 I will need a new course pack.
 Language _____

There is a \$25 usd charge for a new pack. Please turn in your old pack upon receipt of your new pack.

My payment is enclosed.
 Bankwire
 Personal Check
 Cashier's/Bank Check or Money Order
 Star's Edge account (with sufficient credit)
 Credit card

Please arrange personal checks and credit card charges at least 10 days in advance of the course.
 card no. _____
 expiration date _____
 card holder's signature: _____
 card holder's address if different from above:

I have already sent my full review fee:
 Method: _____
 Amount: _____ Date: _____

- Note**
- Beginning with the second review of The Professional Course there is a \$280 review fee.
 - Production Fee: A \$250 production fee applies to any reviewer staying outside the host hotel.
 - Confirmations are sent 30 days prior to the course.

Accommodations

I am staying on site off site - My \$250 production fee is enclosed. (for reviewers)

I have sent my accommodations request to: _____
 Date sent: _____ Sent by: _____

Accommodations

The 2008 Avatar® Professional Course

presented by Star's Edge International



Please complete this form in English.

Please refer to the Course Locations and Information brochure for hotel information.

Germany July 26 - Aug. 1, 2008

Reserve with:

Sauerland Stern Hotel
Kneippweg 1
34508
Willingen/Hochsauerland
GERMANY

Tel: (49) 5 632-4040
Fax: (49) 5 632-6119

U.S.A. Oct. 11 - 17, 2008

Reserve with:

Star's Edge International
237 N Westmonte Dr
Altamonte Springs, FL 32714
USA

Tel: 407-788-3090
Toll Free: 800-589-3767
(U.S. & Canada)
Fax: 407-788-1052
E-mail: avatar@avatarhq.com

Note:

The hotel provides classroom space in return for our guarantee of filling sleeping rooms.

So please, if you intend to review with us, plan on staying at the hotel.



Yes, please arrange accommodations for me.

Family Name _____ Date _____

First Name _____

Street _____

City _____ State/Local _____

Postal/ZIP Code _____ Country _____

Telephone _____ Fax _____

Master ID # _____ Acct. No. _____ E-mail: _____

This is necessary for reservations

A one night deposit is required to reserve your room.

Include your credit card number, money order or bank draft (payable to the hotel) to reserve your room. U.S. hotels require money orders and bank drafts in U.S. dollars.

Credit Card Number: _____

Expiration Date: _____ Signature: _____

I would like a:

Single room

Double room

Other _____

Special Requests: _____

I understand the room rate is:

no other discounts apply

Arrival date: _____

Departure date: _____

(Dates are necessary for reservations.)

I give the hotel permission to find a roommate for me:

Yes No

Smoking Non-Smoking

I am a male I am a female

I already have a roommate.

Roommate's name

If a roommate is not found,
you will be charged the single room rate.