



Thank you for choosing to attend the Somfy Motorized Soft Treatment Program for Draperies and Roman Type Shades program. Please complete the form below so we may register you for your training session.
Please print and fax completed form to 609-395-1750 or email to marketing_us@somfy.com

City and Date of Training*	Farmington, CT			September 26, 2012		
Company Name*						
Name as it appears on the credit card*						
Card type*	<input type="checkbox"/>	Visa	<input type="checkbox"/>	MC		
Account type*	<input type="checkbox"/>	Individual (personal credit card)				
	<input type="checkbox"/>	Corporate	Company Name:			
Credit Card Account Number*				Exp. Date*	Security Code*	
Address* (where statement is mailed)						
City, State and Zip*						
Email Address*						
Phone number*				Fax or alternate number:		

**Visa, Mastercard: 3 digit number on back of card*

Participant Information

Name of Attendee*			
Name of Attendee			
Name of Attendee			
Total Number of Attendees *		Number of Attendees X \$25.00 each-Amount to be charged to card*	

I certify that all information is complete and accurate. I hereby authorize Somfy to collect payment for all attendees by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____

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