



This is a fillable form that can be completed on your computer or mobile device.
 Please complete the entire form and submit it via the email or fax located at the bottom of the form.
 Your seat will be assigned based on the date and time at which your registration is received.

Client Information

Name _____

Billing Address _____ Company _____
(Must match the billing address of the credit card)

Billing City, State/Province, Zip/Postal Code _____ Telephone (Office) _____

Bringing a Spouse or Business Partner?

Spouse/Business Partner Name _____

Email _____

Cell _____
(Required)

Email _____

Event Information

Choose your event(s) Omni La Costa Resort & Spa **May 8-10, 2019** Omni La Costa Resort & Spa **May 15-17, 2019**

Investment Method (choose one)

1 Pay In Full \$3,000 per person per event

Number of People _____ Number of Events _____ Total Amount \$ _____

Check (Payable to "Buffini & Company") Check # _____

EFT (Auto Bank Debit) Routing # _____ Account # _____

Credit Card # _____ Exp _____ Card Holder Name _____

2 Installment Plan \$3,000 per person (10 easy installments of \$300 per person billed on the 15th of each month: June–March)

Number of People _____ Number of Events _____ Total Amount \$ _____

EFT (Auto Bank Debit) Routing # _____ Account # _____

Credit Card # _____ Exp _____ Card Holder Name _____

CANCELLATION POLICY: Any cancellation within 90 days of the event will be subject to a \$500 cancellation fee.
 Registration is not transferable.

Agreement Terms

I authorize Buffini & Company or its authorized agent in accordance with this agreement to initiate debit/credit entries to my checking or credit card account as indicated above. I agree to the terms of Buffini & Company's Agreement and Terms of Use for The Peak Experience located at www.buffiniandcompany.com/tpeterms. I have read, understand and consent to this Agreement and Terms of Use.

Signature _____ Date _____

Accepted By (For Buffini & Company) _____ Date _____

BUFFINI & COMPANY