

COUNTER ABDUCTION ENROLLMENT FORM

Name

Phone Number

Address

Email

No. of attendees

Ages of attendees if under the age of 18 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ Number of attendees who prefer a vegetarian diet

COST

\_\_\_\_\_ \$100.00 pp

DATE OF COUNTER ABDUCTION COURSE

\_\_\_\_\_ December 14, 2024

*Location: 2641 RT-109 Wildwood, Mo. 633040 / Time: (0900 to 1400)*

I, \_\_\_\_\_ authorize Asymmetric Solutions to charge my credit card \$ \_\_\_\_\_ for the Counter Abduction course.

Credit card number  Exp  Code

Signature  Date