

**REGISTRATION FORM**

Welcome to the inaugural *XTREMESIGHT* Sport Vision Intensive Workshop, April 25-28 in Victor (Rochester), NY. Once registered, a short survey will be emailed to you asking questions more specific to your practice.

1) Attendee #1 Attendee #2

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Practice Name:

3) Will you be attending the welcome reception (April 25 at 7 pm)? Yes or No

4) Do you have any dietary requirements? (If yes, please specify)

5) What are you hoping to learn or achieve at the Intensive?

**PAYMENT, CANCELLATION AND REFUNDS**

• Registration requires a $2,000 deposit to reserve your space in the Intensive.

• Full payment is due 20 days (April 5, 2024) prior to the beginning of the Intensive.

• Deposits and payments will be made by cash, personal check (made payable to *XTREMESIGHT*, LLC) or credit card. Credit card payments will incur a processing fee.

• Cancellation requests must be submitted in writing to admin@xtremesight.com. Cancellations forfeit 50% of the deposit if received more than 20 days prior to the start of the Intensive. Cancellations received 20 days or less prior to the beginning of the Intensive forfeit the entire deposit.

• *XTREMESIGHT* reserves the right to cancel the Intensive due to insufficient enrollment, or other unforeseen circumstances, and will notify participants of cancellation at least two weeks prior to the start of the Intensive. In such a case, every effort will be made to reschedule the Intensive. In the event that XTREMESIGHT cancels the Intensive and is unable to reschedule, participants will receive a full refund. *XTREMESIGHT* cannot be responsible for airline tickets or other travel costs in the event of a cancellation.

Signature: Date: