

INTERNATIONAL COMBAT HAPKIDO FEDERATION

2010 SELF DEFENSE CONFERENCE

AUGUST 13TH AND 14TH • ROYAL HOLIDAY • COZUMEL MEXICO



REGISTRATION FORM

Name	Date of Birth		
Address			
City	State	Zip	Phone
E-Mail:		School Association	

CONFERENCE PRICING

	On or Before June 30, 2010	After June 30, 2010	Extra Days <small>(hotel, tax, all-inclusive)</small>	Please specify amount paid
Conf Attendee	\$525 <small>(Military/Police/Fire/EMS Personnel Discounted to \$495)</small>	\$600 <small>(Military/Police/Fire/EMS Personnel Discounted to \$570)</small>	\$95pp x ____	
Guest/Spouse	\$350	\$400	\$95pp x ____	
Child(ren) <small>(11 and under)</small>	\$185	\$200	\$50pp x ____	
			\$165 Deposit Reqd:	
			Grand Total:	

Payment Method: Check M.O. Cash Credit (Visa, M/C, Discover)

Credit Card # _____ Expiration _____ CSV # _____

Signature _____ Name on Card _____

- Ø Conference fee includes: Hotel, room tax, all-inclusive meals, drinks (including domestic alcohol), training and instruction, gift bag, and certificate of completion. Does NOT include airfare, passport fees, airport transfer fees, or custom/duty fees.
- Ø **Conference is open to all ability levels, ages 10 and above. No experience necessary**
- Ø We recommend Athletic or Martial Arts attire, with athletic shoes for this event.
- Ø Make checks or money orders payable to **Practical Self Defense Training, LLC**. (Fees are non-refundable)
- Ø **Mail payment and registration to:** Practical Self Defense Training, LLC, 145 Sandy Hollow Trail, Franktown, CO 80116
- Ø Conference will be held at the Park Royal Resort, Cozumel, Mexico

I hereby voluntarily submit my application for attendance and participation in said Personal Protection Conference and hereby assume all responsibilities for any and all damages, injuries or losses I may sustain or incur while attending, participating and traveling to and from said activity. I hereby release and waive all claims against the sponsors, promoters, organizers, operators hosts, instructors, associations, school, owners, officers, directors, employees and other participants connected with said Personal Protection Conference individually or otherwise, including, but not limited to, PSDT, DSI, and Lakewood Holiday Inn. I also understand further that I shall strictly obey instructors and observe safety rules. I further agree that any pictures and video taping of me in connection with said activity can be used for publication, promotion, articles, shows, and advertisement without additional consent and without compensation at this time or any other time. I understand that registration fees are non-refundable.

Printed Name _____

Signed: _____

Date: _____

IF UNDER 18 MUST BE SIGNED BY LEGAL GUARDIAN

For information contact: Master Steve Materkowski • 720-480-1353 • Steve@ICHFCOLORADO.COM
For registration information contact: Bud Brasier • 303-949-2744 • Bud@ICHFCOLORADO.COM
FAX NUMBER • 303-484-5080 • For submitting registration forms