

Workshop

Geek Out Day!

1. Name:

First Name

Middle Name

Last Name

2. Gender:

Male

Female

3. Date of Birth:

MM

DD

YY

4. Initial Below:

I DO Agree

I DO NOT Agree

That the business may communicate with me electronically at the email address and/or phone number listed below.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I further agree that I am responsible for providing the business any updates to my email address and / or mobile phone number.

5. Most Preferred Method of Communication:

Text Message

Email

6. I would Like to Receive:

Appointment Reminders

Information Regarding Billing

Requests for Customer Satisfaction reviews

7. Contact Information:

My Email

My Phone

8. Signature

Date of Signature

MM

DD

YY