

Clear Vision Seminars & Consulting

SPEAK UP

Agency Registration Form
(Please Print)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Agency _____

Please indicate your desired program location, address, and directions.

Program Location and Address:	
Directions to Program Location:	

Group Size: _____ Age Group: _____ Grade Range: _____

Amount Enclosed: _____

Mail form and payment to:
Clear Vision Seminars & Consulting
5111 N. Main Street
Columbia, SC 29203

Or fax form to: (803) 714-7994

For additional information, please call: (803) 333-0590 or 1-877-333-0590
email: seeclearvision@aol.com

Agency Requirements:

- Minimum of 20 youth per agency (ages 10 and up)
- Each youth must complete all forms for the program
- Location does not exceed a 45-60 minute travel distance
- Maintain a safe and secure environment
- Sends payment to Clear Vision Seminars & Consulting
- Payments are due two weeks prior to training
- Must provide facility conducive for training
- Must provide location for grand finale
- Must have a sound system and microphones
- Must have a podium