2023 ENERCEPT UNIVERSITY—

MAR 21-22 PARTICIPANT REGISTRATION

FORM

IMPORTANT:

This form is requ	ired for each p	articipant, and must be returned to Enercep	t
no later than Ma	rch 1st.		
Dealer Name:			
Participant Name	e:		
Address:			
City/State/Zip:			
Phone:			
Email:			
T-shirt size:		XXXL other	
Please return thi	s information v	vith a \$250.00 payment.	
Check er	iclosed		
Please a	oply \$250.00 to	my credit card	
(you can call Deb	bie Kranz at 60	05-882-2222 to process credit card	
payments, or inc	lude your card	information below)	
Enercept accepts	s: VISA or MAS	TERCARD	
Name on Card		Card Number	
Billing Address _			
Expiration Date _			
Registration can be mailed to		Enercept Roberta Bartel 3100 9th Ave SE	
		Watertown, SD 57201	

Emailed to: rbartel@enercept.com

If you have any questions, please call Roberta Bartel at 605-882-2222.