



## 2009 Seed Project Registration Form

One person per form please. Form may be copied for additional participants.  
Seed Project investment: \$750 and \$50 for material fees = \$800  
To register: You may either mail in your registration with this completed form and  
payment to: iTHRIVE, 1776 Jackson Street, Suite 616, Denver, CO 80210, e-mail it  
to [alive@ithrive.us](mailto:alive@ithrive.us)

**OR**

Call 303.758.8100 and pay phone with a credit card.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Primary e-mail address: \_\_\_\_\_

Method of Payment:

Credit card:  Visa  Mastercard OR  check payable to iTHRIVE

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Authorized Cardholder's signature:

\_\_\_\_\_