

Date: / /

Registration Form

Workshop Goals

What are three of the most important goals you want to accomplish in your life? (Be as specific as possible)

- 1) _____
- 2) _____
- 3) _____

Personal Information

Name: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Best Time & Number to Call: _____

Occupation: _____ Employer: _____

Referred By: _____ Birthdate: / /

Have you attended a Guest Event: Yes No Marriage Status: Single Married Divorced Widowed

Workshop Selection

<input type="checkbox"/> Journey (Basic, Advanced & Leadership)	Date: / /	\$ 1,899	\$ _____	(Savings of \$549)
<input type="checkbox"/> Package (Basic & Advanced)	Date: / /	\$ 1,049	\$ _____	(Savings of \$249)
<input type="checkbox"/> Basic	Date: / /	\$ 399	\$ _____	
<input type="checkbox"/> Advanced	Date: / /	\$ 899	\$ _____	
<input type="checkbox"/> Advanced / LP	Date: / /	\$ 1,649	\$ _____	(Savings of \$399)
<input type="checkbox"/> LP	Date: / /	\$ 1,149	\$ _____	
<input type="checkbox"/> Financed (see reversed side)	Date: / /			
<input type="checkbox"/> Other	Date: / /			

Paid: \$ _____

If payments are paid in full additional discounts apply **Balance: \$** _____ **Date Due: / /**

Payment Method

Please Note: Your tuition includes a non-refundable cancellation fee of \$200 (Basic only) / \$300 (Package) / \$400 (Journey).

Cash MasterCard Name on Card: _____

Check American Express Credit Card #: _____

Visa Discover Expiration Date: _____/_____/_____ CVV2(number on back of card): _____

Address If Different from Above: _____

I am committed to participating in the workshop(s) as scheduled. I understand the Non-Refundable cancellation fee policy.

I discussed the training schedule and the terms of the Non-Refundable cancellation fee policy with the above named student.

Student Signature

Signature of Person Accepting Application