

Workshop		Workshop Date	
Name		Name Like to be Called	
Address	City	State	Zip
Mobile	Work	Home	
Email		Birthdate	
Occupation		Employer	
Number of Children		Ages of Children	
Person Who Referred You			

Personal Objectives

What do you want to accomplish by participating in this workshop?

- 1)
- 2)
- 3)

Workshop Tuition and Payment

Tuition	Amount Paid	Balance Due
Payment Type	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash	Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Mastercard
Credit Card Number	CVV	
Expiration Date	Name on Credit Card	
Billing Address		

Tuition Policy: A Portion of your tuition (\$200) for any workshop or workshop package is non-refundable and non-transferable. All workshops and packages are non-refundable once any portion of the workshop or package has been attended. Workshops and packages may be rescheduled to be attended within six months after registering; your tuition expires after that time period.

My signature below indicates that I understand and accept the tuition policy.

Signature _____ Date _____

For Office Use

Date Paid	Amount	Date Paid	Amount
Date Paid	Amount	Date Paid	Amount
Date Forms Sent/Given _____	Forms Received _____	Signature Required Yes No	Signature Received Yes No
Preparation Call 1 Date _____	By _____	LP _____	
Notes _____			

Preparation Call 2 Date _____	By _____	LP _____	Notes _____
