



Enrollment Authorization

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Purchaser's Name: _____ Position: _____ Tel: _____

I hereby authorize the enrollment of the following person(s) in the _____ program

to be held at: _____

Commencing on: _____ at _____ A.M./P.M.

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

It is understood that the enrollment fee for this program is \$ _____ per person enrolled

and that this fee is due and payable on or before: _____

Attached is my check for \$ _____

Please bill my company against Purchase Order # _____

Authorized Signature: _____

Approved by: _____

I would like to follow this course in (enter your country): _____

GUARANTEE

Our company offers a money back guarantee. It is required that each participant herein named, makes and fulfills a commitment to attend all scheduled conferences and completes all required activities and assignments. At the mid-term point in the program, if the participant is not moving toward the results outlined in the up front agreement, the investment will be returned in full upon receipt of all materials issued.