**CHOICECENTER LEADERSHIP UNIVERSITY ENROLLMENT FORM**

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| --- | --- |
| **Date of Course: LV:** | **Today’s Date:** |
| **Last Name:** | **First Name:** |
| **Name I prefer to be called:** | **Birth date:** |
| **Address:** | **City and Zip Code:** |
| **Occupation:**  **Employer:** | **E-mail:**  **Fax:** |

**My Phone Numbers Who referred Me:**

|  |  |
| --- | --- |
| **Home:** | **Name:** |
| **Work:** | **His/Her LV:** |
| **Cellular:** | **His/Her Cell #:** |

**COURSE AND TUITION OPTIONS:**

|  |  |
| --- | --- |
| **The Personal Development Program:** Includes the Discovery and Breakthrough Workshops.  **Tuition for Discovery & Breakthrough: $3,494** ($2,797 specially priced through December 2017)  **Tuition Savings Options: Save $400** when you pay in full at time of registration. **Save $300** when tuition is paid in full 21 days in advance of Discovery.  **Save $100** when tuition is paid in full 10 days in advance of Discovery. |  |

**METHOD OF PAYMENT FOR TUITION**

□ Credit Card (Fill out information below) □ Check \_\_\_\_\_\_\_\_ □ Cash\_\_\_\_\_\_\_\_

Please check applicable card: □ VISA □ MASTERCARD □ DISCOVER □ AMEX

Credit Card Number Exp. Date (MM/YY) Security Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on card (Please print) Billing Address (Street, City, State, ZIP) □ Check here if address is same as above

If less than the full amount, balance to be paid by: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ AMOUNT RECEIVED/TO CHARGE: $ .

**NOTE: All tuition is entirely non-refundable. Amounts above the $300 deposit may be transferred to another training or another participant for 6 months. See below for complete tuition and refund policy.**

**PERSONAL GOALS AND ACCOMPLISHMENTS**

Indicate – in very specific terms – the results that you want to achieve through your participation in this workshop.

1.

2.

3.

My signature below indicates my intention to participate in the ChoiceCenter Personal Development and Leadership Legacy workshops specified above. I agree that $300 is the minimum amount to reserve my seat in the training and is a non-refundable and non-transferable fee. All tuition is entirely non-refundable. If paying by credit card, I agree to pay the total amount according to the card issuer agreement. Registration is date specific. A $200 fee will be applied if I transfer to a Personal Development course later than the date I am registering to attend above. All tuition expires in 6 months.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form Updated: 07.27.2016