**Coaches’ Training Program Registration Form**

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| **Date:**       | **CTP/City:**       | **Start Date:**  | **End Date:**  |
|  |  |
| **Referring Coach’s Information:** | **Attended Workshop:** **[ ]  Yes** **[ ]  No** |
| Name:       | Location:       |
| Phone:       | Date:       |
| Email:       |  |
| **Participant’s Information:** |  |
| Name:       |  |
| Address:       | City:       | State:    |
| Email Address:       | Zip:       | Country:       |
| Work Phone:       | Home Phone:       |
| Cell Phone:       | Skype:       |
|  |  |
| **Payment Authorization:**I hereby authorize Accomplishment Coaching to either bill my credit card noted below, OR to deposit my enclosed check, for $625.00 USD (six hundred and twenty five dollars). I understand that this payment is a non-refundable deposit towards the Coaches’ Training Program. The total program cost is $16,500.00 unless I qualify for an early bird discount or pay in full/in advance. I further agree that a copy of facsimile of this agreement will be considered as an original for all legal purposes. |
| **Agreement and Authorizing Signature**: |
| **X** |
| This form must be signed. After signing, please fax, scan and email, or mail to the Accomplishment Coaching Office. Thank you for your support. |
| [ ]  $625 deposit collected: | Check #:        | Check payable to Accomplishment Coaching attached to this form. [ ]  |
| Credit Card #:       | Exp:      | 3/4 Digit Code:       |
| Billing Address:       | City:       | State:    |
| Name on Card:       | Zip:       |
| Comments/Instructions:       |
| Please sign then email, fax or mail form to **programs@accomplishmentcoaching.com**Accomplishment Coaching2831 Camino del Rio South, Ste. 216San Diego, CA 92108Phone: 619-238-3600 / Fax: 619-243-3129 |