**Coaches’ Training Program Registration Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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**](mailto:programs@accomplishmentcoaching.com)  Accomplishment Coaching  2831 Camino del Rio South, Ste. 216  San Diego, CA 92108  Phone: 619-238-3600 / Fax: 619-243-3129 | | | | | | | |