



REGISTRATION FORM

BRAVEHEARTS Leadership Development Training

Today's Date: _____ Supported By: _____ Program City & Year: _____

My Name: _____

Complete & Actual Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Work: _____ Home: _____

Fax: _____ Cell: _____

Email Address: _____

- Program price is \$4,500
- Deposit is \$500 by the time of registration
- Payments: 10 equal payments of \$400 starting January 1st and ending in October 1st
- After completing your registration form and paying the deposit, you will receive an application and be scheduled for an interview.
- Deposit is refundable before the time of the interview.
- After the interview, if you are accepted in the program, the deposit will be non-refundable.
- In the case that you are not accepted in the program, your deposit will be refunded.

Participant signature: _____ Date: _____

PAYMENT

Special payment arrangements / agreements: _____

I would like to pay with check

I would like to pay with cash

Please charge the total amount on my credit card. My card information is as follow:

Visa

Master Card

American Express

Discover

Name on the card: _____

Card Number: _____ - _____ - _____ - _____

Expiration date: _____ / _____ Code on back of the card: _____

My credit card billing address: _____

City: _____ State: _____ Zip Code: _____

Card holder signature: _____ Date: _____

Please fax this form to: 570-300-2266 or email to: Info@PrimecoEducation.com