



Program Registration Form

Please write legibly or print

PARTICIPANT

Complete Name: _____

Complete & Actual Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Work: _____ Home: _____

Fax: _____ Cell: _____

Email Address: _____

PROGRAM

Program Name: _____ Supported by: _____

Basic – Price: \$_____ Deposit: \$_____ Payments: ____ X \$_____ Starts on: _____

Advance – Price: \$_____ Deposit: \$_____ Payments: ____ X \$_____ Starts on: _____

Mastery-I – Price: \$_____ Deposit: \$_____ Payments: ____ X \$_____ Starts on: _____

Mastery-II – Price: \$_____ Deposit: \$_____ Payments: ____ X \$_____ Starts on: _____

Total Price: \$_____ Total Deposit: \$_____

_____ \$250 of your deposit is non-refundable to cover administrative and processing fees before you receive your working binder and contract.

Initial Here

Arrangements: _____

Participant signature: _____ Date: _____

PAYMENT

I would like to pay with check I would like to pay with cash I would like to pay with credit card

Visa Master Card American Express Discover

Name on the card: _____

Card Number: _____ - _____ - _____ - _____

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

Credit card billing address: _____

City: _____ State: _____ Zip Code: _____

Card holder signature: _____ Date: _____

Please fax this form to: 760-436-6053 or email to: Contact@PrimecoEducation.com