

Registration Form

**IMPACTING
LIVES**



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Concord, CA 94520
(925) 687-5100
fax (925) 687-5101
www.neweratrainings.com

Personal Information

Name: _____ E-Mail (Optional) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Best time(s) & best number to call: _____

Occupation: _____ Employer: _____

Referred by: _____ Birthdate: _____

Have you attended a Guest Event: Yes No

Workshop Selection

<input type="checkbox"/>	Explore	Date _____	\$ 499	\$ _____
<input type="checkbox"/>	Realize.....	Date _____	\$ 1,149	\$ _____
<input type="checkbox"/>	Act.....	Date _____	\$ 899	\$ _____
<input type="checkbox"/>	Explore & Realize Package.....		\$ 1,349	\$ _____
<input type="checkbox"/>	Other Workshop	Type & Date	\$ _____	\$ _____
			Total	\$ _____
			Amount Paid	\$ _____
			Balance Due	\$ _____
			Balance Due Date	_____

Payment Method

Please Note: A minimum \$200 payment is required in order to initiate your registration process and schedule your call. To reserve your space, your balance is due one week from date of registration.. If you are registering two weeks or less before the workshop start date, payment must be paid in full. There is a \$49 *non-refundable* processing fee.

<input type="checkbox"/> Cash	<input type="checkbox"/> MasterCard	Card Holder: _____
<input type="checkbox"/> Check	<input type="checkbox"/> American Express	Credit Card #: _____
<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	Expiration Date: _____

Workshop Goals

What are three important goals you want to accomplish as a result of your participation in this workshop? (Be as specific as possible)

1. _____

2. _____

3. _____

I am committed to participating in this workshop as scheduled.

Signature: _____ Date: _____