



New ERA Trainings

P.O. Box 1707
Martinez, CA 94553
(415) 462-8954
phone & fax

Registration Form

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..... *Tuition to be determined upon curriculum selection	Date _____	\$ TBD	\$ _____
<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 registration fee is required to reserve your place in any New ERA Trainings workshop. All Balances are due no later than 14 days from date of registration. If you are registering 10 days or less before the workshop start date, your registration must be paid in full. There is a \$49 *non-refundable* processing fee.

Cash MasterCard Card Holder: _____

Check American Express Credit Card #: _____

Visa Discover Expiration Date: _____

Workshop Goals

What are three of the most important goals you want to accomplish in your life? (Be as specific as possible)

1. _____

2. _____

3. _____

I am committed to participating in this workshop as scheduled.

Signature: _____ Date: _____