

Leader's *Choice* ENROLLMENT FORM

White - Mark Leaders Associates Inc.
Yellow - Trainer's Copy
Pink - Student's Copy

Name: _____ (Please Print) Trainer Name: Mark Leader
Company: _____ Office Name: _____
Company Phone: (____) _____ Company Fax: _____
Email Address: _____ Resident Phone: _____

CHEQUE VISA MC AMEX CASH

T-Shirt Size: _____

Card # _____ Exp. Date: _____ AMOUNT \$ _____

Please fill out the address where you receive your credit card statement. Your credit card cannot be processed without it.

Applicable taxes not included. GST Number: 868871765

Address: _____

City: _____ Prov/State: _____ Postal/Zip Code _____

IMPORTANT

Refunds must be applied for in person
by the student at the first class. Refunds will not
be approved before or after the first class.

NO EXCEPTIONS

Student Signature

Date



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