

PERSONAL TRANSFORMATION INTENSIVE-1

With

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(305)345-3498

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(786)236-7927

Please enroll me in this workshop!!!

Name _____

Address _____

City, State, Zip _____

Cell Phone (____) _____ Home (____) _____

E-Mail _____

To reserve your spot, please indicate deposit method of payment (minimum \$200.00)

Check _____ Credit Card _____ Cash _____

Please check your preferred method of payment.

(NOTE: Tuition totals do not include Room & Board costs of \$180.00 for each weekend)

Dates of the weekends:

September 17-19, 2021

October 22-24, 2021

November 12-14, 2021

December 10-12, 2021

_____ **\$2160.00** (200.00) discount if paid in full by September 17, 2021

_____ **\$2360.00** if paid in installments by December 10, 2021

_____ Beyond December 10, **add 200.00** to the total balance.

Credit Card Number: _____ ZIP _____

Credit Card Expiration: _____

CVC CODE: _____

I am eager to begin this next step in my growth, and I am committing to myself and to others in the group to complete these 4 weekends.

Signature

Date