



# REGISTRATION FORM

## WOMEN LIVING THEIR VISION PROGRAM

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 Bellevue, WA 98008  
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PERSONAL INFORMATION					
LAST NAME			FIRST NAME		
DAY PHONE	EVENING PHONE	FAX NUMBER	E-MAIL		
MAILING ADDRESS			CITY	STATE	ZIPCODE
<input type="checkbox"/> YES <input type="checkbox"/> NO INCLUDE MY CONTACT INFORMATION ON THE CLASS ROSTER			NAME I WANT ON MY NAME TAG:		

COURSE INFORMATION			
WOMEN LIVING THEIR VISION PROGRAM	TOTAL FEE	DEPOSIT	PAYMENT ENCLOSED
<p>Includes 3-day workshop, DATE October 12-14, 2007            Materials, 10 small group follow up calls, and 5 private 1:1 coaching sessions</p> <p>\$2,495 prior to August 15 - deposit \$495            \$2,695 after August 15 - deposit \$695</p> <p>Terms:</p> <ul style="list-style-type: none"> <li>• \$200 off total fee for payment in full in advance, or</li> <li>• Deposit paid at registration. Balance due in five payments on the first of the month beginning October 1 and ending February 1.</li> </ul>			
<b>TOTAL</b>			

PAYMENT INFORMATION		
<input type="checkbox"/> CHECK ENCLOSED (MAKE PAYABLE TO ORENDA COACHING AND CONSULTING)		TOTAL AMOUNT PAID OR CHARGED: \$
CHARGE MY: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	CARD/ACCOUNT NUMBER:	EXPIRATION DATE
PRINT NAME ON CARD:		

REGISTRATION AND REFUND POLICY
1) To register, forward a completed and signed registration form with payment. A non-refundable registration fee of \$50 included in the Total Cost. 2) If you withdraw from a class within five business days of registering, you will receive a 100% refund. 3) If you withdraw after the fifth business day, and prior to 30 days before the course, you will receive a refund of the portion of the registration fee you have paid less the \$50 non-refundable portion. 4) If you withdraw less than 30 days prior to workshop date you will forfeit your deposit, or you may apply your deposit to the next program date. 5) All withdrawals and requests for refund must be received in writing. 6) If Orenda Coaching and Consulting cancels the Program for any reason you will receive a 100% refund.

*I have read and agree to abide by the above payment policies. I understand that program space is available on a first-come, first-served basis and that to reserve space I must make payment in accordance with the above-stated registration and refund policy.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration received by: \_\_\_\_\_ Date: \_\_\_\_\_