



Print and Fax This Completed Form to 1-760-752-3192

### ENROLLMENT FORM

Name (please print) \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address (print carefully) \_\_\_\_\_

Preferred Empowerment Conference: Location \_\_\_\_\_ Date \_\_\_\_\_

Tuition: \_\_\_\_\_

**Select Payment:**

- Cash
- Check (Make Checks Payable to: "Practical Resources" )
- Credit Card **Please charge my fee on the following credit card:**

Account # \_\_\_\_\_ Expiration date: \_\_\_\_\_ Zip \_\_\_\_\_

I authorize **Practical Resources** to charge the fee as chosen above to my credit card. I agree to the terms and conditions of the membership above.

Signature \_\_\_\_\_ Today's date \_\_\_\_\_

Our Refund Policy is Simple: If you are not completely satisfied after attending all 3 days of the Conference, YOU WILL RECEIVE A COMPLETE REFUND and you get to keep all the materials.



**Practical Resources**  
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