



Student Course Registration

Please complete the information below

Name (Last)		(First)		Date:	
Street Address				P O Box	
City	State	Zip Code	Country		
Telephone (Day)			Telephone (Evening)		
Telephone (Cell)			E-mail:		
How Did You Hear About Us? (Facebook/Google/Friend):			Date:		
<i>Please register me for the following courses:</i>					
<input type="checkbox"/> Executive Communication					
<input type="checkbox"/> Entrepreneurial Strategies for Success					
<input type="checkbox"/> Executive Coaching					
<input type="checkbox"/> Life Coaching & Personal Development					
<input type="checkbox"/> Leadership Ignite					
<input type="checkbox"/> The Champion Speaker					
Amount Enclosed: \$		<input type="checkbox"/> Money Order/Cashier's Check		<input type="checkbox"/> Credit Card	
Please charge my: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express					
Credit Card No: _____					
Name as it appears on card: _____					
Exp. Date: _____		Security Code: _____		Billing Zip: _____	
Date: _____		<input type="checkbox"/> Quick Registration <input type="checkbox"/> Registered <input type="checkbox"/> Not Registered <input type="checkbox"/> Inquiry			
Time: _____ to _____		TU Representative: _____			
Comments:					

