



Mastery of Performance Coaching

Participant Information

Training Date _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Best Contact Number _____

Best Time to call _____

Secondary Contact Number: _____

Best Time to call _____

Fax if desired _____

TUITION **\$3,750.00 Full payment** or **\$500 Non-refundable Deposit**
 \$3,295.00 EARLY BIRD RATE or **\$500 Non-refundable Deposit**

Check #: _____ (payable to Source Point Training)

Amount \$ _____

OR

Visa

MasterCard

Credit #: _____ - _____ - _____ - _____

Exp. Date: _____ 3-Digit CID Number: _____ (On back of card)

Name on Card: _____

Billing Address: _____

City: _____

State: _____

Zip: _____

E-mail: _____

I authorize Source Point Training to charge the following amount to my credit card: \$ _____

Card Holder's Signature _____ Date _____

How did you learn about the *Mastery of Performance Coaching* Training?

Please send completed and signed registration form to:	Source Point Training 1083 Vine Street - Suite 131 Healdsburg CA 95448	OR Fax to: (800) 217-8086
		Phone: (800) 217-5660