

**Name:** \_\_\_\_\_**OFFICE ADDRESS:**

Brokerage Name: \_\_\_\_\_

Brokerage Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_

**CONTACT INFORMATION:**

Office Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PAYMENT: \$199 +HST = \$224.87**

Payable: Circle one: VISA / MASTERCARD / AMEX

*\*We do not accept VISA Debit cards*

Name \_\_\_\_\_

Card Number \_\_\_\_\_ Exp \_\_\_\_\_

C.V.C: \_\_\_\_\_

**TERMS:**

Participant understands and agrees that his/her contract is a 4 week commitment from the date of the first scheduled class.

\_\_\_\_\_  
Participants Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Rob Vivian\_\_\_\_\_  
Date