



For Office Use Only	
Date: _____	REP: _____
Event: _____	
ACT!: _____	QB: _____
Product shipped: _____	
Welcome packet: _____	
Tracking Sheet: _____	

NAME: _____ BUSINESS PH: _____
 SPA/SALON: _____ CELL PH: _____
 EMAIL: _____ FAX #: _____
 WEBSITE: _____ HOME PH: _____

Please complete both addresses and check the ONE you most prefer we use.

BUSINESS: _____
 _____ Street _____ City/State _____ Zip Code

HOME: _____
 _____ Street _____ City/State _____ Zip Code

Check which box(s) describes what you do:

Salon/Spa Owner Manager Booth Renter Hair Designer Nail Tech Aesthetician Massage Other _____

COMPLETE THIS SECTION ALSO IF REGISTERING FOR A LIVE TRAINING

Please check the Course you are registering into: Champ Camp Cash Flow Camp Leadership Camp Top Gun Front Desk Onsite

Date of Course: _____ City of the Course you are attending: _____

Initial Each Agreement

- ____ 1. I will use the program as instructed – **including doing success work prior to the course beginning.**
- ____ 2. I agree to *not copy, reproduce or use either in whole or in part* **any** of the Inspiring Champions materials without the written consent of Inspiring Champions, Inc.
- ____ 3. After attending **all sessions** of workshop and abiding to the policies and procedures of the course, if I am not fully satisfied at the completion of my program, I can return all materials before leaving and receive a **full refund**.
- ____ 4. If you “*No-Show*” a program you registered for you are choosing to forfeiture all registration monies paid. You are responsible for your participation.
- ____ 5. Your Course is Non-Refundable. When you registered for your event, you understood that you had 72 hours to cancel your agreement for a full refund. After that time—your tuition for the event became non-refundable.
- ____ 6. You may transfer to a different *Inspiring Champions* course up to **eight days** prior to day one of your scheduled event. Your full tuition is transferable to another available course date or to another person with the payment of a \$99 transfer fee.
- ____ 7. If you transfer less than **eight days** prior to day one of your scheduled event, you will incur a \$299.00 re-booking fee.
- ____ 8. Course dates and location are subject to change.

Payment Information: ALL SPACES MUST BE FILLED IN

By signing below, I authorize Inspiring Champions, Inc. to charge the account specified as indicated. I may cancel this automatic billing authorization at any time by contacting Inspiring Champions, Inc. Cancellation of this automatic billing authorization does not cancel my agreement for payment of merchandise/courses purchased and/or services rendered.

TOTAL AMOUNT OF PURCHASE: \$ _____

PAYMENT TYPE (check one): CASH CHECK VISA MASTERCARD DISCOVER AMEX

Credit card # **WE WILL CONTACT YOU FOR PAYMENT INFORMATION**

Cardholder's Name (as shown on card) _____

Credit Card Mailing Address and Zip Code: _____

SIGNATURE: _____ **DATE:** _____

NOTE: After clicking to submit below an email will be generated. Please email any additional comments or questions for your selected program. Your registration form will automatically be attached to your email and you will receive a confirmation within 24 hours of receipt including a Welcome Packet for the program, thank you.

CLICK TO SUBMIT

Notes:

5694 Mission Center Road, # 273 San Diego, CA 92108
 Phone (800) 496-9305 - Fax (619) 280-0339

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