



REINVENT COACHING PROGRAM REGISTRATION

Please print out and complete this registration and return to your PCMS Consulting business development person or fax to 866.257.1054 attention Jodi Lawler, Executive Assistant.

Name:			
Company:			
Address:		City:	State:
			Zip:
City:		State:	Zip:
Office Phone:		Home Phone:	
Office Fax:		Home Fax:	
E-Mail:		Cell Phone:	

I wish to register for the Camp REinvent Coaching Program and agree to the terms set forth herein, including my payment obligations for the term of this contract. **The term of this contract shall be from February 4, 2010 to July 4, 2010.**

The program will consist of 15 group coaching calls and 3 company specific calls. All calls will be held online through the Go To Webinar platform. Links will be sent prior to each call to the e-mail addresses registered in the program. Option 1 will give you the ability to register three people. All additional participants billed at \$799 per participant for whole program. Option 2 will give you the ability to register five people. Additional participants can be added for \$599 per participate.

_____ **OPTION 1 (5 payments of \$799)**

E-mail 1 _____
 E-mail 2 _____
 E-mail 3 _____

_____ **OPTION 2 (\$2,995 one-time payment)**

E-mail 1 _____
 E-mail 2 _____
 E-mail 3 _____
 E-mail 4 _____
 E-mail 5 _____

Additional e-mails _____

 Camper Signature

 Approved by PCMS Consulting, Inc.

 Date

 Approval Date



CREDIT CARD AUTHORIZATION FORM

Please print out and complete this authorization and return to your PCMS Consulting business development person or fax to 866.257.1054 attention Jodi Lawler, Executive Assistant.

Payment Option 1

Down payment will be \$799.00 followed by four monthly installments of \$799.00. All consecutive payments are hereby authorized and will occur on the 1st of each month starting February 1, 2010 and ending May 1, 2010. Allows for three (3) participants per company. All additional participants billed at \$799 per participant for whole program. Total amount to be charged over the course of the program will be \$3,995 plus any additional participants registered.

Payment Option 2

One time charge of \$2,995.00 upon registration. Allows for five (5) participants per company. All additional participants billed one time for \$599 per participant for whole program. Total amount to be charged at registration will be \$2,995 plus any additional participants registered.

Camper Name: _____ Total amount to be charged: \$ _____

Cardholder Name: _____ Signature: _____

Address: _____

Credit Card Type: _____  _____  _____  _____ 

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

