



The Institute for Leadership Fitness™

Enrollment Form

Please fax to: 866-693-8284

Name (First and Last) Organization Name

Mailing Address City State/Province

Postal/Zip Code Country

Business Phone Fax Email Address

Title Years in Leadership Position(s)

Who influenced your decision to register for this Program?

Please indicate any specific dietary needs:

Vegetarian Allergies (Please Specify) Other (Please Specify)

Series Name Date of First Session

Credit Card Number Expiration Date

I hereby authorize David Chinsky & Associates, LLC to charge the credit card number above in the amount of \$500 to hold my seat in the above program.

Cardholder Signature

Yes, I (please initial) authorize David Chinsky & Associates to charge the balance (\$3,250) three weeks prior to the start date using the above credit card.

By signing below, I certify that I have read and agree to all of the attached terms and conditions, and I also agree that:

- (i) my deposit is non-refundable
(ii) the balance of my Program fee is due three (3) weeks prior to the date of the first session noted above; and
(iii) once I attend the first session none of the Program fee is refundable or transferable, and there is no credit for missed sessions

Signature Date