

NLP HOME STUDY COURSE

CERTIFICATION PROGRAM APPLICATION

Section A: Contact Information

Name: _____

Day Phone: _____

Address: _____ Evening Phone: _____

Address: _____ Email: _____

City: _____ State/Province: _____

Fax: _____ Country: _____

Zip/Postal Code: _____ Mobile: _____

Section B: Alternate Mailing Address

Please provide a street mailing address where you can receive a Federal Express Package that can be signed for if you live outside the United States or use a PO Box:

Address: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Section C: Coaching Information

Month Applying for NLP Certification: _____

Length of Time In NLP: _____

Language(s) in which you are coaching:

Section D: Goals & Objectives

Your goal for the training (what do you want to get out of the training most)?

What is the most important skill for you to have when you are done?

How can I help you? What do you want most from me?

How much do you already know about NLP?

Why do you want to learn NLP?

How did you find out about the course?

Section E: Payment Information

Certification Program: A _____-week telecourse of _____ hours.

Price: \$3,00.00

A deposit of \$_____ has been paid. The remaining balance of _____ is to be paid in 12 automatic credit card charges of \$250 each, beginning the 1st or 15th of the month following the start date of your program and approximately every 30 days thereafter. These payments will be charged to the credit card we have on file. If, for any reason your account is behind, The Fruits of Labor, Inc. may charge your card to bring your account current.

Please indicate your payment method (check or credit card) below:

All Checks must be in US Funds: You will be required to mail in 12 monthly payments of \$250.00 each that will be due on the _____ of the month following the start date of your program and monthly thereafter.

Check Enclosed Check number: _____

Credit Card: Visa Mastercard American Express Discover

Number: _____ Expiration date: _____

Name as it appears on Card: _____

Billing Address: _____

Billing Address: Zip/Postal Code _____

*All prices are in U.S. Dollars.

Section F: Agreements

Thank you for enrolling in the NLP Program. Please note: this agreement is a legally binding instrument upon written acceptance of your participation in the program you are enrolling in unless cancelled pursuant to the Buyer's Right to Cancel.

My signature below indicates:

- I approve the charges The Fruits of Labor, Inc. will make to my credit card as outlined above.
- I agree to keep my account current and understand the consequences if it is not.
- I agree to take the actions required by the program design.
- I intend to be a full-out team player in this program and can be counted on to encourage, coach, and support my fellow program participants to do the same.
- Throughout the program, I can be counted on to be powerful, open and coachable.

Signature Date