

Applicant's Last Name

First Name

DOB
Mo Day Year

WORKSHOP OF INTEREST (please check the workshop or seminar of interest)

✓	CLASS	COST	PRE-REGISTRATION RATE	POLICY (Read Thoroughly and Initial)
	QUANTUM MASTERY	\$745	*\$645	<p>* If paid in FULL in one installment and submitted along with all completed forms. Offer not valid for registration on the first day of workshop.</p> <ul style="list-style-type: none"> A non-refundable deposit of \$300.00 is required to reserve your place in the workshop. In case of cancellation, a written request MUST be received at least 30 days prior to the workshop start date, at which time \$300 of fees paid are non-refundable. If you register with less than 30 days before the start of the seminar, you fully understand you are waiving your right to cancellation and that you are limited to the options listed below. If written request for cancellation is received less than 30 days prior to the workshop start date the following options apply, otherwise all fees paid are non-refundable. <ol style="list-style-type: none"> Upon receipt of written request for postponement, received no less than 48 hours prior to the workshop start date, 1st \$100 of fees paid is non-refundable and the remaining balance is transferable as a credit to be applied to the full cost (\$745) of the next scheduled workshop of the same name; OR Upon receipt of written request for transfer of fees to another individual, received no less than 48 hours prior to the workshop start date, 1st \$100 of fees paid is non-refundable and the remaining balance is transferable as a credit to be applied to the full cost (\$745) for the named individual for the current workshop only. All fees paid are non-refundable upon start of the workshop. Effective April 1, 2014, in case of a "no show," a credit for the amount paid less the non-refundable deposit, may be applied to the full cost (\$745) of the next scheduled workshop of the same name only. This credit will be held in participants name and is non-transferable. Workshop location subject to change. Initial <input type="text"/>
	INNER CHILD	\$745	*\$645	

	TRANSFORMATION	\$2,295	** \$2,095	** If paid in FULL in one installment and submitted along with all completed forms at least 30 days prior to workshop start date.	<ul style="list-style-type: none"> If deemed necessary, enrollment into Transformation workshop or SELP will be based upon personal interview. A non-refundable deposit of \$500.00 is required to reserve your space in either the Transformation Workshop or SELP. If you register with less than 30 days before the start of the workshop, you fully understand you are waiving your right to cancellation. In case of cancellation, a written request MUST be received at least 30 days prior to the workshop start date, at which time \$500 of fees paid are non-refundable. If written request for cancellation is received less than 30 days prior to the workshop start date the following options apply, otherwise all fees paid are non-refundable. <ol style="list-style-type: none"> Upon receipt of written request for postponement received no less than 48 hours prior to the workshop start date, 1st \$500 of fees paid is non-refundable and a credit for the remaining balance is transferable and may be applied to the full cost (\$2195) for the next scheduled Transformation Workshop only or (\$1495) for SELP; OR Upon receipt of written request for transfer of fees to another individual received no less than 48 hours prior to the workshop start date, 1st \$500 of fees paid is non-refundable and a credit for the remaining balance is transferable to another individual and may be applied to the full cost (\$2295) for the named individual for the current Transformation Workshop or (\$1495) for the current SELP only. All fees paid are non-refundable upon start of the workshop. Workshop location subject to change. Initial <input type="text"/>
	S.E.L.P. (Self Expression & Leadership Program)	\$1,495	N/A	N/A	

DATE OF WORKSHOP: Visit www.eacseminars.com for a list of other workshops

PAYMENT AUTHORIZATION

Cash	DO NOT send cash by mail	\$	Received by
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Check*	Check#	\$	DL#	State
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*** RETURN CHECKS SUBJECT TO \$45.00 FEE. PRICE SUBJECT TO CHANGE WITHOUT NOTICE**

Credit Card	Cardholders Name			3 Digit Code		
	MC	Visa	Dis	\$	cc #	Exp Date
				Auth#		
	Address			City	State	Zip

I, the undersigned, have thoroughly read and understand ALL **"POLICY"** information pertaining to the workshop of interest. I authorize Educational Awakening Center (EAC) to charge my credit card for the specified charges. This authorization is to be held for EAC's information only and will not be released to any unauthorized persons.

Card Holder's Signature: **X** _____ Date _____

FOR OFFICE USE ONLY						Balance
Date	Cash	Check#	ccAuth#	Amount	Rcd By	\$