

Pacesetter's Leadership Dynamics Registration

Seminar City _____ Attendance Date _____ Today's Date _____

First Name _____ Last Name _____
Name you prefer to be called by
(for your name tag) _____

Address _____ City _____

Province _____ Postal Code _____

Home () _____ Work () _____

Fax () _____ Cell () _____

Best time to reach me is: Daytime Evening
at: Home Work Cell

Email _____

Date of Birth _____ Sex M F

Single Married Other

Occupation _____ Education _____

Referred to *psi seminars* by _____

What do you want to accomplish by participating in this course?

1.	
2.	
3.	

PSI SEMINARS requires the following information to process your application to attend.

Please answer the following questions by checking the appropriate answer.

a.	Have you any history of psychiatric disorder?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b.	Have you been institutionalized for mental illness within the last 12 months?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c.	Are you now or have you been within the last 6 months undergoing treatment by a psychiatrist or psychologist?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d.	Are you pregnant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please explain any of the above questions checked Yes

Tuition Refund

I understand that my tuition is non-refundable, however, all monies held can be transferred one time only to other PSI Seminar Programs and/or products, and can be applied to the cost. All monies held must be utilized within 12 months from the date of the initial payment or it is forfeited. If I choose to transfer to another date, I understand there will be a \$100.00 transfer fee assessed to the current tuition amount. All transfer requests must be in writing, notarized and have Main Office approval.

I HAVE READ AND UNDERSTAND THE ABOVE REFUND POLICIES.

Signature

_____/_____/_____
Date

psi seminars is hereby authorized to charge my

Circle One



Account number	
Expiration date	
CVD #: (3 digits from back of card)	
Amount	\$795.00
For	
Signature	
Printed name	
Phone number	
Date	
City	Vancouver