



COACH PRAXIS Registration Form

Registration for training must be received in the office 21 business days prior to the start of the program.

Attendee Name _____ Title _____

Agency/School _____

Occupation Business Professional Consultant Counselor
 Educator Psychologist Other _____

Your MBTI type preferences (optional) _____

UPS Mailing Address Business Residence (no P.O. Box addresses please.)

Street _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____ Email _____

Please register me for the following Program(s)/Date(s)/Location(s):

1) _____

2) _____

Choose a payment option:

Visa MasterCard American Express Discover

Account Number _____ Expiration Date _____

Cardholder Name (please print.) _____

Cardholder Signature _____

Billing Address Same as above Business Name: _____

Street _____

City _____ State _____ Zip _____

Check enclosed \$ _____ Purchase Order Number _____

(include copy of purchase order. P.O.s are not accepted after registration.)

I have read and agree to the rescheduling/cancellation policy below.

RESCHEDULING AND CANCELLATION POLICY

Payment is required in advance of the program offering. Cancellations must be submitted in writing at least seven (7) days prior to the start of the course for consideration of a 50% refund. If the registrant fails to attend and does not notify us in advance, the fee is not refunded. Substitutions are welcome and are permitted up to the day of the event.

Signature _____

Mail payment and this form to
Blue Ink, LLC P.O. Box 15184 Durham, NC 27704
Or fax to 866-618-7939