



WHERE SERIOUS MEETS FUN!

TIME MANAGEMENT

Group Coaching

4 One-Hour Remote Sessions
Wednesdays from 12:00pm – 1:00pm
Next Session Begins on July 1, 2009

~~\$80~~ Special Price \$40



REGISTRATION FORM (One form per participant. Fax or mail the signed form with payment.)

Name: _____ Business Name (if applicable): _____

Street Address: _____ City, ST ZIP: _____

Email: _____ Home Phone: _____ Business Phone: _____ Mobile Phone: _____

PAYMENT INFO: Check (to BP2 Coaching LLC) # _____ MasterCard/Visa/Discover (circle one)

Cardholders Name/Address: _____
(if different from above): _____

Expiration Date: _____ CID code: _____

I authorize the amount of \$ _____ to be charged to the above account and payable to BP2 Coaching LLC.

Authorized Signature: _____

I understand this is non-refundable, but can be applied to a future session within 6 months.

REQUIRED Signature: _____ Date: _____