



CERTIFICATION ENROLLMENT FORM

Please type or print CLEARLY

Name (First/Middle/Last): _____

Name (as desired on certificate(s)): _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip Code/Postal Code: _____

Day Phone: () _____ Evening Phone: () _____

FAX: () _____ E-mail: _____

Web address (if applicable): _____

College/Trade School (if applicable): _____

Degree(s)/Certificate(s)/Diploma(s) Received: _____

Post Graduate Studies: _____

Vocational or Professional Background: _____

Present Occupation: _____

What other health/wellness-oriented organization do you belong?
(Please write out the full name of the organization. No acronyms.)

Signature: _____

Printed Name: _____

Date: ____/____/____

I AM ENROLLING IN: Refer to the web site for current pricing

- Life Strategies Coaching (online format)
- Lifestyle Fitness Coaching
- Holistic Life Coach
- Holistic Stress Management
- Green Living Coach (online format)
- Food Psychology Coach (online format)
- Mind Body Fitness Specialist (online format)
- Certified Sports Hypnotist
- Small Business Coaching
- Wellness Coaching
- Sports Psychology Coach (online format)
- Personal Fitness Chef
- List additional program(s) here:

My program tuition is: \$ _____

Shipping within the U.S. \$ 7.95

Shipping to Canada \$29.95

Shipping to all other countries \$49.95

Add shipping fee: \$ _____

My TOTAL is: \$ _____

Select your payment method:

- MasterCard Visa American Express
- Discover Check

Name on Card: _____

Card Number: _____

Expiration Date: ____/____ Billing Zip Code: _____

CVC Code* (3-or 4-digit security code): _____

*Visa and Mastercard: In the signature box on the back of your Visa you should see a 16-digit credit card number followed by a special 3 digit code. This 3 digit code is your CVC.

*American Express: On the front of your card next to your main credit card number look for a 4 digit code. This 4 digit number is the Card Security Code.

If paying by check, please make payable to John Spencer Ellis Enterprises, Inc. (our parent company).

Please return completed application form and payment to:

Spencer Institute, 29811 Santa Margarita Pkwy, Ste 500, Rancho Santa Margarita, CA 92688 USA

If paying by credit card, please fax to: (949) 589-8216