



THE ULTIMATE COACHING EXPERIENCE

REAL ESTATE AGENTS EDGE; 2323 Del Prado Blvd. Suite # 7-PMB123, Cape Coral, FL. 33990-4611, Ph. 239-728-4016

Program Enrollment Form

"The SHARPENING" Date: _____ Program 1 Date: _____

Cost of Entire Program: \$ _____ Your Coach: _____

Program Location: _____

Agent Name: _____

Office Name: _____

Office Street Address: _____

City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Phone #3: _____ Fax #: _____

E-mail address: _____

Website: _____

Select Payment Type:

MasterCard

VISA

CASH

CHECK

Discover

American Express

Card # _____ Exp. Date: _____ S.C. _____

Agent Signature: _____ Date: _____

IMPORTANT NOTICE: REFUNDS MUST BE APPLIED FOR IN PERSON BY THE AGENT SIGNING THIS FORM AT THE END OF PROGRAM ONE. NO REFUNDS WILL BE APPROVED BEFORE OR AFTER PROGRAM ONE. NO EXCEPTIONS.

GUARANTEE YOUR SEAT! FAX BACK TO: 941-981-1923

White copy: REAL ESTATE AGENTS EDGE

Yellow copy: COACH

Pink copy: AGENT