



# MY SPA COACH REGISTRATION 2010

How did you hear about this program?

## PERSONAL INFORMATION

First Name:		Last Name:	
Address:		City:	
Prov/State	Postal/Zip Code :	Country:	
Home Phone:		Cellular:	
Email:		Facsimile:	

## BUSINESS INFORMATION

Business Name:			
Your Current Position:			
Address:		City:	
Prov/State	Postal/Zip Code :	Country:	
Business Phone:		Facsimile:	
Email:		Website:	

## MY SPA COACH SELECTION (Please check)

Length of Registration			Calls/Month	Total Cost		Calls/Month	Total Cost
Minimum	<b>Four (4) Months</b>	<input type="checkbox"/>	1	\$250/month	<input type="checkbox"/>	2	\$375/month
	<b>Six (6) Months</b>	<input type="checkbox"/>	1	\$250/month	<input type="checkbox"/>	2	\$375/month
	<b>Twelve (12) Months</b>	<input type="checkbox"/>	1	\$250/month	<input type="checkbox"/>	2	\$375/month

## FINANCIAL

Payment Method: ( circle )		Visa		Mastercard
Credit Card Number:		Expiry Date (mm/yy):		
Name on Card:				
I understand my credit card will be processed by Spaformation for the sessions chosen. This authorization is only for the above stated transactions and NOT for any others. Charges will be billed monthly at the end of each session.				
Signature of Cardholder:				

## COACHING TERMS

Initial Session: Your session date and time will be established when your registration is confirmed.
Subsequent Session: Will be booked at the conclusion of the previous session.
Changes to a Session: 48 hours advance notice is required to cancel or change a session. Failure to keep any scheduled calls will result in the loss of that session

**RETURN VIA FAX: 905 248 3800. Registration will be confirmed upon receipt.**

Contact:

Phone: 905 487 8326

Email: [help@spaformation.com](mailto:help@spaformation.com)