

REGISTRATION FORM
BREAKTHROUGH
(SEPTEMBER - DECEMBER 2009)

Registrant's Name _____

Street Address _____

City, State, Country, Zip _____

Preferred Phone Number _____ home | office | cell (circle one)

Email (printed clearly) _____

How did you hear about this training? _____

What are two qualities you'd like to develop as a result of your participation in this training?

| 1 _____ | 2 _____

What is the #1 goal you'd like to achieve as a result of your participation in this training?

Visa | MasterCard (circle one)I authorize *The Ford Institute* to charge my credit card for the deposit of \$525.

Credit Card Holder Name (if different than registrant) _____

Number _____ Expires _____ | _____ 3-digit code _____

Signature of Card Holder _____ Cardholder Phone # _____

Please circle your preferred payment option for the remaining tuition (see over page for more details)

Pay in Full | 2-pay

THE FINER DETAILS - When your *Registration Form* is received, a *Program Application* will be emailed to you. Your participation in the program is not confirmed until a) your deposit has been received b) you have been notified of your admission into the program and c) you have returned your signed *Program Agreement*. Cancellation Policy: If written notice of your cancellation is made prior to the first day of instruction, you have a right to a full refund, less the non-refundable and non-transferable amount of \$250. *The Ford Institute* may cancel or reschedule courses at its discretion and will not be responsible for costs that may be incurred for such changes. If you have any questions or need any further information, please call +1.800.780.9198 x 703 or email admissions@thefordinstitute.com.

Please fax this form to 800.975.6879 (outside the U.S. +1 619.754.9830)**OR scan and email to admissions@thefordinstitute.com***Founded by Debbie Ford*www.DebbieFord.com/Institute

p 800.780.9198 | f 800.975.6879

Outside USA +1 619.609.0535 | f +1 619.754.9830

PO Box 8064 | La Jolla | California 92038

FINANCING OPTIONS – BREAKTHROUGH 2009

TUITION PAYMENT OPTIONS - QUICK SUMMARY		
Option	Description	Total
Option A	Pay in Full	\$1,995
Option B	2-Pay	\$2,085

OPTION A: PAY IN FULL		
Payment	Date	Amount
Deposit	with registration form	\$525
Payment 1	October 1, 2009	\$1,470
Grand Total		\$1,995

OPTION B: 2-PAY		
Payment	Date	Amount
Deposit	with registration form	\$525
Payment 1	October 1, 2009	\$780
Payment 2	November 15, 2009	\$780
Grand Total		\$2,085

PLEASE NOTE - A \$25 reprocessing fee applies to any failed payment

ADDITIONAL FEES (OPTIONAL)		
Option	Date Due	Total
1st intensive meal plan	November 5, 2009	250