

Wealth Enhancement Process® 2.5 WORKSHOP REGISTRATION FORM

ADVISOR



Personal Information (Please Print Clearly)

Name (First and Last) _____ Company _____

Mailing Address Preferred _____ is this your Home Address or Business Address [check one]

City/Province/PC _____ Email Address _____

() _____ () _____ () _____
Business Phone Fax Number Cell Phone

Event Details

Dates: **January 24, 25, & 26, 2007** **Time(s):**
Richmond Hill, ON Day 1: 8:00 am – 8:15 am Registration
 Richmond Hill Country Club Day 1: 8:15 am – 5:00 pm Program
 8905 Bathurst Street Day 2: 8:30 am – 5:00 pm Program
 (905) 731-2800 Day 3: 8:30 am – 12:30 pm Program
 (Bathurst & Hwy. 7)

Investment:	Register:	On or Before November 30 th Save 20%!	Before December 1 st Save 10%!	After January 2 nd Full Tuition
Tuition		\$1,799.00	\$1,799.00	\$1,799.00
Savings		360.00	180.00	0.00
Net Tuition		\$1,439.00	\$1,619.00	\$1,799.00
G.S.T		100.73	113.33	125.93
Total		\$1,539.73	\$1,732.33	\$1,924.93

Investment Method

Credit Card Visa Mastercard

Card #: _____ **Expiration:** _____

I, _____ authorize
 (print name showing on card / cardholder name)

Wealth Enhancement Academy Inc. to debit the credit card account in the amount of \$ _____

Cardholder Authorization: _____ **Date:** _____

Please fax this form to (905) 883-5829 to complete registration.

Cancellation Policy: Cancellations received more than 10 business days prior to the event will receive a refund less a \$75 administration fee. Cancellations received less than 10 business days prior to the event will receive a full credit toward any future event, product and/or service. Credit shall expire 12 months after issuance. All cancellations must be received in writing either by fax or email.

Visit us at www.wealthenhancement.ca

Wealth Enhancement Process® 2.5 WORKSHOP REGISTRATION FORM

**PLEASE REGISTER YOUR
FIRST ASSISTANT
(50% Discount)**



(Please Complete Separate *Advisor Registration Form* First)

Advisor Name (First and Last) **Company**

First Assistant Name (First and Last) **Role**

Business Phone: () _____ Email Address: _____

Event Details

Dates: **January 24, 25, & 26, 2007** **Time(s):**
Richmond Hill, ON
Richmond Hill Country Club
8905 Bathurst Street
(905) 731-2800
(Bathurst & Hwy. 7)

Day 1: 8:00 am – 8:15 am Registration
Day 1: 8:15 am – 5:00 pm Program
Day 2: 8:30 am – 5:00 pm Program
Day 3: 8:30 am – 12:30 pm Program

Investment: (For First Assistant)	Tuition	\$899.00
	G.S.T	62.93
	Total	\$961.93

Your First Assistant enjoys a 50% discount!

Investment Method

Credit Card [] Visa [] Mastercard

Please check if investment method uses the Advisor's payment method: _____

Card #: _____ **Expiration:** _____

I, _____ authorize Wealth Enhancement Academy Inc. to debit
(print name showing on card / cardholder name)

the credit card account in the **amount of \$** _____

Cardholder Authorization: _____ **Date:** _____

Please fax this form to (905) 883-5829 to complete registration.

Cancellation Policy: Cancellations received more than 10 business days prior to the event will receive a refund less a \$75 administration fee. Cancellations received less than 10 business days prior to the event will receive a full credit toward any future event, product and/or service. Credit shall expire 12 months after issuance. All cancellations must be received in writing either by fax or email.

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**PLEASE REGISTER YOUR
SECOND ASSISTANT**
(Over a 70% Discount)



(Please Complete Separate *Advisor Registration Form* First)

Advisor Name (First and Last)

Company

Second Assistant Name (First and Last)

Role

Business Phone: ()

Email Address:

Event Details

Dates: **January 24, 25, & 26, 2007**

Richmond Hill, ON

Richmond Hill Country Club

8905 Bathurst Street

(905) 731-2800

(Bathurst & Hwy. 7)

Time(s):

Day 1: 8:00 am – 8:15 am Registration

Day 1: 8:15 am – 5:00 pm Program

Day 2: 8:30 am – 5:00 pm Program

Day 3: 8:30 am – 12:30 pm Program

Investment:

(For First
Assistant)

Tuition	\$499.00
G.S.T	34.93
Total	\$533.93

**Your Second Assistant enjoys
over a 70% discount!**

Investment Method

Credit Card [] Visa [] Mastercard

Please check if investment method uses the Advisor's payment method: _____

Card #:

Expiration:

I, _____ authorize Wealth Enhancement Academy Inc. to debit
(print name showing on card / cardholder name)

the credit card account in the amount of \$ _____

Cardholder Authorization: _____

Date: _____

Please fax this form to (905) 883-5829 to complete registration.

Cancellation Policy: Cancellations received more than 10 business days prior to the event will receive a refund less a \$75 administration fee. Cancellations received less than 10 business days prior to the event will receive a full credit toward any future event, product and/or service. Credit shall expire 12 months after issuance. All cancellations must be received in writing either by fax or email.

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