

Your Coaching DNA

Sophia Associates, LLC

Fax to: 443-433-0587

Client Name: _____

Organization: _____

Title / Position: _____

Address: _____

City, State, Zip: _____

Business Phone: _____

Email Address: _____

Confirmation of attendance will be sent upon receipt of Registration Form and Fees

Date	Seminar	Description	Registration Fee
Friday, June 18, 2004	Your Coarhing DNA	A workshop for Professional Coaches creating a full practice based on inner values and external successful business practices.	Before May 14, 2004 - \$300.00 If received after May 14, 2004 - \$350.00

Payment Method: Visa or Mastercard

To pay via credit card, please complete this section and return via fax or mail to 443-433-0587

VISA

MASTERCARD

Account Number on Front: _____

Name on Card: _____

Expiration Date: _____

3-Digit Number on Back of Card: _____

Billing Address: _____

Please Note: All Charges will appear on your credit card statement under the name Sophia Associates, LLC.

I, _____ agree to and authorize Sophia Associates, LLC to charge the above credit card \$ 350.00 /\$300.00 for early registration by May 14, 2004, (circle one) as registration fee for Your Coaching DNA Seminar.

Print name & date

Signature & date