

# Enrollment Form

Name(s) \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

PROGRAM CHOICE: \_\_\_\_\_

GOAL FOR THIS PROGRAM: \_\_\_\_\_

Choose Your Payment Option

Full Pay:

I have enclosed full payment of \$ \_\_\_\_\_ . OR

Installment:

I have enclosed a non-refundable deposit of \$ \_\_\_\_\_ to reserve my spot.

The balance to be paid in \_\_\_\_\_ installments of \$ \_\_\_\_\_ .

CC TYPE: VISA MASTERCARD AMEX DISCOVER CARD CHECK

CC#: \_\_\_\_\_ Exp. \_\_\_\_\_ CVV: \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Please make checks payable to: ORGENA ROSE

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email or fax back to 323-238-4673

All programs come with a 30 Day Money Back Guarantee if you're not happy with the program.

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