



Registration Form

Quantum Results Boot Camp

Programs are subject to availability and prices are subject to change.

Personal Data

Name: Dr. Mr. Ms. _____ Date: _____

Title: _____

Organization: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Program Information

Program Title: **Quantum Results Boot Camp** Date of Program*: _____

Program Location: _____

* Check www.knowingpoint.com for additional information. Tuition amount subject to change.

Program Fee (please enclose with form)

- My full tuition in the amount of \$ _____ is enclosed. (Please make checks payable to Knowing Point)
- Please charge my full registration fee in the amount of \$ _____ to my credit card.
 - MasterCard VISA _____

Tuition Amount: _____

Account Number: _____ Expiration Date: _____

Name of Issuing Bank: _____ Signature: _____

- My company's purchase order is enclosed. Tuition payment has already been made.

Cancellation and Transfer Policy

Before a p

Number of weeks before program	Substitutions Allowed	Transfer Fee	Cancellation Fee
More than 4 weeks	Yes (no fee)	None	None
3 weeks	Yes (no fee)	10% of tuition	25% of tuition
2 weeks	No	25% of tuition	50% of tuition
1 week	No	50% of tuition	100% of tuition

I have read and accepted the Cancellation and Transfer Policy.

Signature: _____ Date: _____

Please return this form, along with payment or credit card information to:
Knowing Point, 205 Corey Place, Huntington Manor, NY 11746
info@knowingpoint.com | V 888-402-0088 | V 631-547-0002 | F 631-547-9305