



Helping Others Help Themselves

Enrollment Form

Session 1 Date: _____

Trainer Name: _____

Name: _____

Company: _____

Branch Office: _____

Company Address: _____

City: _____

Credit Card Cash Check

Personal Phone: _____

Company Phone: _____

Company Fax: _____

Email: _____

State: _____ Zip Code: _____

Shirt Size: Med LG XL XXL XXXL

Please fill out below the address where you receive your credit card statements.

Card #: _____ Floyd Wickman Program \$ _____ USD

CVC Code: _____ Exp. Date: _____ Other Charges: \$ _____ USD

Billing address: _____

City: _____ State: _____ Zip Code: _____ TOTAL DUE: \$ _____ USD

Please make checks payable to Floyd Wickman Team

By my signature, I authorize Floyd Wickman Team, L.L.C. to process my payment immediately and to order one full set of student materials for me. I understand that refunds must be applied for in person at Session One, during the Communication Segment, and that no refunds will be approved prior to, or after Session One.

Student Signature

Date