Opting Back In Coaching Group Registration Form

We are very pleased that you've decided to join the Opting Back In group.

To register, please print out this form and complete the information requested. Once your payment has been processed, you'll receive all the details necessary for participation in this virtual coaching group.

Please fax the completed form to **301-587-4327**. (This is a secure fax line.)

Thank you,
Linda and Ellen

Name of Participant _____

Telephone Number _____

E-mail Address _____

Please debit my credit card in the amount of $150 per month for each month that I participate in the group. Automatic debit can be discontinued at any time by your informing Linda or Ellen that you do not plan to continue in the group.

MC/VISA/Discover/AmEx Card (please circle one)

Credit Card Number_____

Expiration Date _____

Name As On Card _____

Billing Address: _____

_____

Your Signature_____

Date_____

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