



Abelson DISC & Motives Certification Enrollment Form

Enroll by August 27, 2019 for discount

(Just complete the form below and send this page back to us)

To qualify for discounted enrollment in this program payment must be received by check or credit card no later than Tuesday, August 27.

I want to enroll in this program and pay... By August 27 for 20% savings

(put # of people for each training experience and complete the rest of the form)

#1 - DISC Certification training (only) - September 18 & 19, 2019

Enroll by August 27 & pay \$1425 per person # = _____ Cost = \$ _____
 Enroll after August 27 and pay only \$1795 # = _____ Cost = \$ _____

#2 - DISC Certification & Motives Certification - September 18 - 20, 2019

Enroll by August 27 and pay \$1995 per person # = _____ Cost = \$ _____
 Enroll after August 27 and pay only \$2495 # = _____ Cost = \$ _____

NOTE: No refunds. If you cancel, you can send a substitute person, or have up to one year to use your registration for the same Abelson Certification program.

TRAINING LOCATION

The Abelson Group Training Center (Towers of Town Lake, 1st Floor, 40 North IH 35 Austin, TX 78701).

Free parking is available at the event. Contact Donna at 979.696.2222 ext. 2 to set up your parking pass.

HOTEL ACCOMMODATIONS

To make a reservation at a discounted rate at the Holiday Inn Town Lake, which is adjacent to the training location:

[click here](#) or Call Toll Free: (888) 615-0509, Group Code: DRA

If you would like to stay at another hotel within a few blocks of the training location, contact Homewood Suites at (512) 320-5454 or Hotel Van Zandt at (512) 542-5300.

Reserve any evening from arrival Tuesday, September 17, 2019 to departure Friday, September 20, 2019. Or also stay the weekend and receive the same nightly rate.

Complete this form and email to succeed@abelson.net or Fax to 888.214.3553.
 Or call Donna at 979.696.2222, ext 2 to register by phone or mail to: 40 North IH35, #11A1, Austin, TX 78701.

Purchase Information: (please print)

Contact Person Name: _____

Company: _____ Job Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Mobile: _____

Email Address: _____

Check Card Type (choose one & complete information below): MasterCard VISA

Name on Card: _____

Credit Card #: _____ Security Code (3-4 digits): _____ Expiration Date (Mo/Yr): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ **Date:** _____