



Abelson DISC & Motives Certification Enrollment Form

Enroll by March 6th, 2020 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 Friday, March 6th.

I want to enroll in this program and pay... By March 6th for 20% savings

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

#1 - DISC Certification training (only) – April 1 & 2 , 2020

Enroll by **March 6th** & pay **\$1425 per person**

#= _____

Cost = \$ _____

Enroll after March 6th and pay only \$1795

#= _____

Cost = \$ _____

#2 - DISC Certification & Motives Certification – April 1, 2, & 3, 2020

Enroll by **March 6th** & pay **\$1995 per person** Enroll

#= _____

Cost = \$ _____

after March 6th 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

Contact www.TheAbelsonGroup.com or 979.696.2222 to enroll and or set up your parking pass.

LOCAL ACCOMMODATIONS

Contact The Abelson Group to register at the Holiday Inn at discounted rates.

Discount = \$105 per night

Reserve any evenings from arrival Wednesday, **April 1st** to departure Friday, April 3rd, 2020. Or also stay the weekend and receive the same nightly rate. Donna will assist you with reservations.

Complete this form and email to succeed@abelson.net or Fax to 888.214.3553.

Or call Donna at 979.696.2222 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 Number: _____ Security Code (3-4 digits): _____ Expiration Date (Mo/Yr): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ **Date:** _____