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 www.CEOInstitute.net

Course application

Student Information

Name: _____
First, Middle I., Last *RE License, if applicable*

Address: _____
Home address *Apartment / Unit #*

City *State* *ZIP*

Phone: _____ Email address: _____

Payment: Credit Card Visa, MC, Discover

Name: _____
First, Middle I., Last (as it appears on the card)

Credit Card No.: _____ Charge amount: \$ _____
Yes No

Exp.: _____ Security code: _____ Reserve of \$100
Month Year

Address: _____
Billing address. Leave blank if it is the same as your home address *Apartment / Unit #*

City *State* *ZIP*

Course

Course: _____

Start date: _____

Purchase terms

I certify that all of the information enter is correct. By signing this application I authorize CEO Institute to charge my credit card the stated amount. Furthermore, I agree to pay the balance due per my credit card agreement.

Any and all charges due for any course must be paid before entering the classroom. You may reserve your place in a particular class by paying a non-refundable deposit of \$100 at least one week prior to the starting date of the course. All payments received are non-refundable and it will be to the discretion of CEO Institute, to authorize any refunds, transfers to another course or to let the student make up a course for missed classes.

Signature: _____ Date: _____

PLEASE PRINT AND SIGN THIS FORM AND FAX OR EMAIL TO US

www.CEOInstitute.net email: info@CEOInstitute.net Fax 305-471-4888