

BeST Scoping Techniques
Student Enrollment Form

Today's date: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
Date of Birth _____ Sex: Male / Female
Current Member of Scopists Support Group? Yes / No

How did you hear about our course? _____

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By signing below, I am indicating my desire to enroll in the Best Scoping Techniques ("BeST") training course and I understand I will begin receiving my course material approximately one week after payment in full is received by BeST unless other arrangements have been made. I understand I will have a period of one year (1) to complete the course or my access to the on-line lessons will be discontinued unless I re-enroll. I understand BeST does not guarantee that I will generate income as a result of this training and I understand my success as a scopist depends entirely on my own skills and efforts. I understand that the cost of the training material does not include the price of a CAT (computer-aided transcription) system. I understand that the course material is proprietary and intended for my own individual use only unless otherwise stated by BeST.

I will be submitting my nonrefundable payment in the amount of \$_____ via credit card / cashier's check. This training course is nontransferrable.

Signature _____
Date
(Typing your name here when submitting this application as a .doc file carries the same force and effect as a handwritten signature.)

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To pay by credit card, submit your card information via the BeST website (or by calling Cathy or Judy) and complete and return this form to Cathy at cathyknox2016@gmail.com or Judy at jcrinc@comcast.net, fax it to 866-771-0058, or you may print this completed form and mail it with a cashier's check payable to Judy Rakocinski to: 11893 Nalda Street, #12002, Ft. Myers, FL 33912.

BeST use only:	
U _____	SN _____
P _____	G _____