

BeST Scoping Techniques
Student Enrollment Form

Today's date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Date of Birth _____ Sex: Male / Female

Year Graduated High School or GED: _____ Years college: _____

Marital Status: Single / Married Children? No / Yes – How many? _____

Current Member of Scopists Support Group? Yes / No

Current Member of NCRA? Yes / No

Current Member of other Internet scoping/court reporting groups? _____

How did you hear about our course? _____

Work Experience:

| <u>Type of Business</u> | <u>Position Held</u> | <u>Number of Years</u> |
|-------------------------|----------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you plan to scope full-time / part-time? _____ Approximate Typing Speed: _____ wpm

Which do you expect will describe you as a BeST student?

- _____ I will work on the course material now and then.
- _____ I will probably start it and never finish it.
- _____ I will work on it every available waking moment.
- _____ I have a certain time every day that I will spend working on the course.

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

Tell us about you:

Strengths: _____

Weaknesses: _____

Interests, Hobbies: _____

Pet Peeve: _____

Favorite Junk Foods: _____

Please attach or type a paragraph below describing how you learned about scoping and why you think it is a good career direction for you.

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 two years 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.

Signature

Date

To pay by credit card, submit your card information via the BeST web site (or by calling Cathy or Judy) and fax this form toll free to 1-866-771-0058. Or you may complete this form and mail it with a cashier's check payable to Judy Rakocinski to: 4111 Dahoon Holly Court, Bonita Springs, Florida 34134