BeST Scoping Techniques

Student Enrollment Form

Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (2) 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 and is not to be resold.

I will be submitting my nonrefundable payment in the amount of $\_\_\_\_\_\_\_\_\_\_\_.

This training course is nontransferable.

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Signature Date

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

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@outlook.com, or fax it to

866-771-0058.