

DISCOUNT CLASS PASS ORDER FORM

Date: _____

Account Manager: _____

BILL TO

Signal Learning Center, Inc.
 12800 N. Meridian St., Suite 190
 Carmel, IN 46032
 Phone: (317) 573-2320
 Fax: (317) 573-2360

Company Name: _____
Attention: _____
Address: _____
City: _____ **ST:** _____ **Zip:** _____
Phone: _____
Fax: _____
Email: _____

Signature of Authorized Buyer	Authorized By
	Name _____
	Title _____

Minimum Purchase	Retail Price	Discount	Net Price	Total
15 One-Day Class Passes	\$475 each	\$125 each	\$350 each	\$5,250
40 One-Day Class Passes	\$475 each	\$200 each	\$275 each	\$11,000

Enter Order Below

One-Day Class Passes	\$475			
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TO PLACE ORDER COMPLETE ALL SECTIONS OF ORDER FORM.

FAX (317) 573-2360

TOTAL

Terms and Conditions: Each One-Day Class Pass can be redeemed for any single day of training on our **public** class schedule with a list price of \$475 per day or less. (Example: a five-day class with a price of \$2375 would require 5 Class Passes). Classes with a list price higher than \$475 per day may require additional Class Passes. The purchase price of each Class Pass can be applied towards the total cost of a private training event. **Class Passes expire 12 months from the date of purchase and are non-refundable.**

Cancellation Policy: Signal Learning's cancellation policy requires notification in writing 5 or more business days before the start of class to receive a full refund, including the re-use of applied Class Passes. Cancellation notice received less than 5 business days before the first day of training will receive a 50% refund, or re-use of half of the applied Class Passes. Cancellation the day of class will result in 100% surrender of training investment; all applied Class Passes cannot be re-used.

PERFORMANCE GUARANTEE

We back our training with Signal Learning's Performance Guarantee
If Our Instructors Do Not Meet Your Expectations...IT'S FREE!

Method of Payment – Payment Required Prior to Class Attendance

Payment Type: AMEX DISCOVER MASTERCARD VISA BILL US

Card Number: _____ Exp. Date: _____

Name of Cardholder: (Please Print) _____ Security Code: _____

Cardholder Signature: _____

Address: _____

PO # _____

