

Prime Program

Registration form



- I am **teachable**, I am **principled**, and I will work hard to improve myself.
- I am **ready** to see more kids, pregnant moms and families.
- I am ready to become THE sought after family chiropractor.

Name: _____

Are you a **Student** who has completed Ob/Peds class or a **Doctor**? (Circle one)

Address: _____

Home/Cell Phone: _____ Office Phone: _____

E-mail: _____

Who invited you to join this program? _____

The cost? Only \$1395!

You will have access to this site for 1 year from enrollment date.

Thereafter, continued access will be \$59/mo.

No charge when you move on to the full Practice Evolution program.

Credit Card Number: (Visa, MC, AmEx) _____

Exp date: _____ 3 or 4 digit security code: _____

Billing Address including zip code: _____

Please charge my credit card, I am ready to start:

Date: _____ Signature: _____