Course Registration Form

Wealthminds

*Last name *First name Middle name or initial

*Street name and address

*City/town *Province/State *Country

*Postal Code *Email Address *Fax( )

Evening or Home Phone ( ) Day Phone ( ) Cell Phone ( ) Pager ( )

Course Name	Date	Course Fee

ENCLOSED IS MY COURSE FEE PAYMENT BY:

❑ Cheque or cash ❑ Cheque (payable to: Peak Performance Investment Ltd.)

❑ MasterCard ❑ Visa ❑ Amex ❑ Name of card holder:_____

Card number: | | | | | | | | | | | | | | | | Expiry Date MM/YY: | | | |

Signature of card holder:_____

To register please fax application form to 604-629-5196 or mail cheque to: 6138 Winch Street, Burnaby BC V5B 2L3

Which program(s) would you like to enroll:

❑ WEALTHMINDS Seminars

❑ Belize Groups

❑ Cash Flow Games

❑ Commerical Real Estate

❑ Millionaire Circle

❑ Franchise Program

❑ Real Estate Courses