



COURSE ENROLLMENT FORM

Reflective Learning, LLC
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USE THIS FORM TO:

- **PURCHASE A SESSION FOR ANOTHER PERSON**
- **REGISTER MULTIPLE PEOPLE FOR THE SAME SESSION**
- **REQUEST A GROUP DISCOUNT FOR 8 OR MORE PEOPLE**

EMAIL COMPLETED FORM TO INFO@REFLECTTOLEARN.COM

Name: _____

School/Organization: _____

Your Email: _____

Name of Session: _____

Number of Participants: _____

(Please include participant information on chart at the end of this document.)

Registration Request:

Need to pay with purchase order

Wanting to purchase session as a gift

Requesting to pay with invoice

Requesting a group discount

Billing Information:

Contact Name:

Contact Email:

Contact Phone Number:

Payment Method: Credit Card Check P.O. (Please include the purchase order number here: _____)
