

REQUEST FOR ENROLLMENT IN THE CONTINUING EDUCATION PROGRAM

NOTE: Required information is marked with an asterisk. For example: *First Name

APPLICANT INFORMATION

*First Name	*Last Name	*IBO#
Spouse's First Name	Spouse's Last Name	
*Ship-To Street Address		
*Ship-To City	*Ship-To State	*Ship-To Zip
*Home Telephone (with area code)	Cell	GENIE
Work Telephone	*e-mail	

LINE OF SPONSORSHIP INFORMATION

*Mentor's First Name	*Mentor's Last Name	
*Platinum's First Name	*Platinum's Last Name	

METHOD OF PAYMENT

Choose One (Make a check mark in the box). All information for your choice is required.

<input type="checkbox"/> RAPID CHECK Choose RapidCheck if you'd like to pay for your materials by check. Our computer generates a check that draws against the checking account you specify. If you choose RapidCheck, you must send us a voided check with this application. (Be sure not to obscure any information on the check)	*Name of Bank <hr/> *Bank Address (Street, City, State, Zip) <hr/> *Your Account Number
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--- OR ---

<input type="checkbox"/> CREDIT CARD Choose credit card if you'd like to charge your materials to your MasterCard, Visa, or Visa Check Card. (A processing fee of 3% will be added to each order)	*Card Number <hr/> <table style="width: 100%;"> <tr> <td style="width: 60%;">*Name on Card</td> <td style="width: 40%;">*Expiration Date</td> </tr> <tr> <td colspan="2">*3 Digit security code on back of card:</td> </tr> </table>	*Name on Card	*Expiration Date	*3 Digit security code on back of card:	
*Name on Card	*Expiration Date				
*3 Digit security code on back of card:					

I WISH TO BE PLACED ON THE FOLLOWING GlobalNet CONTINUING EDUCATION PROGRAM TOOLS:

Enter the number of copies you'd like to receive in the appropriate boxes below.

CE Bundle	Educational Preview Pack	Extra Book		Office Use Only #1	Office Use Only #2
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The Continuing Education Program is voluntary. Cost for the CD's is \$7.00 in the monthly bundle. Cost of CDs is \$8.95 . The Monthly Educational Book and Educational Preview Pack price varies. Shipping and handling are added to each shipment. The Monthly Bundles are shipped once a month. I understand that I should receive an e-mail receipt for each order shipped, but that it is my responsibility to obtain this information should the e-mail not arrive. Should I wish to end or change my enrollment in this program, I will complete the appropriate form. I understand that it takes one month to change or stop the Monthly Bundle, because they are produced in advance. Standing order products are manufactured using just-in-time techniques for the ordering IBO. Returns on standing orders will be made only for defective or damaged products. **In order to participate in the Continuing Education Program you must complete a BSMAA form and send it to the address listed on the form.** My signature below certifies that I understand and agree to these terms and authorize the above enrollment and payments. (11-06)

Signature	Date	Mail or FAX this completed form & VOIDED CHECK to: Sabo Enterprises, 218 Via Lorca, Newport Beach, CA 92663 FAX: 949-673-2506
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