



Fill out and FAX to
Toll-Free **866.946.9131**

For more information call
Toll-Free **800.755.0988**

faxback Enrollment Form

www.ServiceAdvisorAcademy.com

North America's #1 Resource for the Professional Service Advisor.

DATE OF REGISTRATION _____ CLIENT SERVICES ASSOCIATE _____

Company / Owner Information (*required) PLEASE PRINT

FIRST NAME* _____ LAST NAME* _____

COMPANY NAME* _____ DEPARTMENT _____

BUSINESS ADDRESS* _____

CITY* _____ ST/PROV* _____ ZIP/PC* _____ COUNTRY _____

CONTACT PHONE* _____ MAIN SHOP PHONE* _____ IS CALL BLOCKING ENABLED?* _____ FAX* _____

BUSINESS CONTACT E-MAIL ADDRESS* _____ SOURCE _____

Owner / Manager Information (*required) PLEASE PRINT

JOB POSITION / TITLE* OWNER MANAGER

VEHICLE TYPES SERVICED* DOMESTIC IMPORT ALL MAKES
 OTHER/SPECIALTY _____

PREFERRED SESSION START TIME* 6:00 a.m. PT – Tuesday or Wednesday
 8:30 a.m. PT – Wednesday or Thursday
 10:30 a.m. PT – Tuesday 11:00 a.m. PT – Thursday

STARTING MONTH _____ / _____ YEAR _____

Participant Information (*required) PLEASE PRINT

PARTICIPANT FIRST NAME* _____

PARTICIPANT LAST NAME* _____

PARTICIPANT CONTACT EMAIL ADDRESS* _____

PARTICIPANT JOB POSITION / TITLE* _____

Payment Authorization (*required) PLEASE PRINT

Professional Service Advisor Development ProgramTM enrollment investment is **\$900.00 per quarter, paid quarterly in advance**, with a **one-time set-up fee of \$395.00**. Your enrollment requires a **minimum commitment of 1 quarter**. After the commitment period you may withdraw with a minimum of 30 days advanced written notice. There are no refunds. You may only pay for your enrollment using your credit card. All quarterly payments are **automatically debited** from your credit card account listed below on or about the 15th of the month prior to the start of the new quarter period.

This authorization is for multiple transactions and I authorize R. L. O'Connor & Associates, Inc. to charge my account the total enrollment fee and one-time initial set-up fee without requiring a signed authorization for each subsequent transaction. If I dispute a charge through my credit provider this will constitute a breach of this Agreement.

PLEASE INDICATE TYPE OF PAYMENT* DISCOVER

CARD NUMBER* _____ V-CODE _____ EXP DATE* _____

CARDHOLDER'S NAME (EXACTLY AS IT APPEARS ON THE CARD)*

BILLING ADDRESS*

CITY* _____ ST/PROV* _____ ZIP/PC* _____

\$ AMOUNT AUTHORIZED* _____ CARDHOLDER'S SIGNATURE*

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