



## Preliminary Enrollment Form

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

**Billing Address on Credit Card** \_\_\_\_\_ Apt./Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Method of payment  Check  VISA  MasterCard

Credit Card # \_\_\_\_\_ Expir Date \_\_\_\_\_  
 CIV # \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

YOUR

**SIGNATURE HERE** \_\_\_\_\_

Curriculum	Tuition	Indicate Tuition Payment Method	Registration/Tuition Paid With Enrollment
<input type="checkbox"/> Institute Session <b>February 27-28, 2012</b>	\$ 300.00	1 <sup>st</sup> time attendee	<b>NONE FROM KA ATTENDEES REGISTERING ON OR BEFORE BY 2/20/2012</b>
<b>Please print out this page. Complete and FAX the completed page to 812-386-7328.</b>			

Comments: \_\_\_\_\_

The Stewardship Alliance may fail to approve participation in the Institutes and/or in The Stewardship Alliance for any individual who fails to timely submit the required Affiliation information or who is not subsequently approved as an Affiliate with The Stewardship Alliance.

For additional information: [info@stewardshipalliance.com](mailto:info@stewardshipalliance.com) or call Beth @ (615) 944-3609

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