

EXECUTIVE SUCCESS PROGRAMS

Advanced Level Program Application

YOUR PERSONAL INFORMATION

Name (first, middle initial, last)		Nxian number, if known	Today's date Month: ___ Day: ___ Year: ____
Address (number and street)		Email address	Daytime telephone number (____) ____-____
City	State	Driver's license number (U.S. only) State: _____ Number: _____	Evening telephone number (____) ____-____
Zip code	Country	Date of birth Month: ____ Day: ____ Year: ____	Mobile telephone number (____) ____-____
Job title (optional)	Company or organization (optional)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Fax number (____) ____-____
Are you a business consultant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? _____		Are you a mental health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you under the care, or have you been under the care, of a psychiatrist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, are you currently taking any prescription medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this your first enrollment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of the person who is responsible for your choosing to enroll at this time: _____	

APPLICANT AFFIDAVIT

Applications must be approved by Executive Success Programs, Inc. (hereinafter "ESP") at its Corporate Processing Office before processing. Applications are valid and in effect upon receipt and acceptance by ESP's Corporate Processing Office. SEE IMPORTANT CANCELLATION NOTICE ON THE BACK OF THIS APPLICATION. I have read and agreed to the Participant Terms and Conditions on the back of this application. I UNDERSTAND IF I CHOOSE TO LEAVE ESP, I MUST RETURN ALL COURSE-RELATED MATERIALS AND MAKING USE OF SUCH MATERIALS AFTER LEAVING CONSTITUTES FRAUD. I further agree if any charge is dishonored, whether intentionally or inadvertently, ESP shall be under no liability whatsoever. I understand I will be charged a twenty-dollar fee for each and any charge that is dishonored. All fees paid to ESP are non-refundable. I hereby apply to be a participant of Executive Success Programs, Inc.

Sign Here	Applicant signature X	Today's date Month: ___ Day: ___ Year: ____
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YOUR CHOICE OF PROGRAM (CHECK ONE)

<input checked="" type="checkbox"/> Advanced Level Training (specify name): _____	<input type="checkbox"/> EM Tech™ (specify level): _____	Program location Albany
<input type="checkbox"/> Other training (specify name): _____	<input type="checkbox"/> Ethicist™ I <input type="checkbox"/> Ethicist™ II	Start date Month: ____ Day: ____ Year: ____
Do you require simultaneous interpretation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be taking the supplemental training day? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From language: _____	Are you in relationship(s) with other attendee(s) in this training? For example: family, business, marital, romantic, friendship, roommate, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify name(s): _____	
To language: _____		
Have you met the pre-requisites for this training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Field trainer signature for confirmation: _____	

COST OF YOUR PROGRAM

(A) Base cost of program \$ _____	Discount type (check one, if applicable) <input type="checkbox"/> Pre-registration <input type="checkbox"/> Instant sign-up <input type="checkbox"/> Other: _____	(E) Amount due now* \$ _____ * Deposit is NON REFUNDABLE and only valid for 12 months.
(B) Additional Cost(s) \$ _____		(F) Remaining balance due \$ _____ ((D) minus (E))
(C) Discount taken \$ _____		Payment of the remaining balance must be authorized at the time of the application. PLEASE NOTE: All funds are in US dollars
(D) Total cost ((A)+(B)-(C)) \$ _____		

IMMEDIATE PAYMENT AUTHORIZATION

<input type="checkbox"/> Cash/Check <input type="checkbox"/> MasterCard® <input type="checkbox"/> American Express® <input type="checkbox"/> Visa® <input type="checkbox"/> Discover®	Credit card account number _____	Expiration date (MM/YY) ___/___/___
Print name as it appears on credit card (include billing address, if different from above)	I agree to pay the "AMOUNT DUE NOW" ((E)) according to the card issuer agreement. Account owner signature X	

SUBSEQUENT PAYMENT AUTHORIZATION (Required if not paid in full above)

<input type="checkbox"/> Cash/Check <input type="checkbox"/> MasterCard® <input type="checkbox"/> American Express® <input type="checkbox"/> Visa® <input type="checkbox"/> Discover®	Credit card account number _____	Expiration date (MM/YY) ___/___/___
Print name as it appears on credit card (include billing address, if different from above)	I agree to pay the "REMAINING BALANCE DUE" ((F)) in the amount of \$ _____ on ___/___/20___ according to the card issuer agreement. Account owner signature X	

PARTICIPANT TERMS AND CONDITIONS

Please initial (in box) each statement below

1. All materials, methods and information contained in and represented through Executive Success Programs, Inc. (ESP) are essential assets of ESP acquired at great time and expense. As such, they are proprietary and confidential. These materials, methods and information cannot be copied, duplicated, transmitted, taught or otherwise used, in part or in whole, directly or indirectly, without express written permission of ESP. Any breach or suspected breach of this or any of the tenets of these Participant Terms and Conditions would cause irreparable harm to ESP. Adequate remedies under law may not exist. Participant grants ESP injunctive relief and all remedies under law or otherwise should any breach or suspected breach occur.
2. Participant acknowledges he or she is capable of earning an appropriate living without using the materials, methods or information provided by ESP. Participant will not compete with ESP in any way throughout the world while a participant of ESP and for a period of five (5) years after becoming inactive in ESP. For the purpose of this paragraph, competition is considered any activity that can potentially take monies or actual participants or potential participants away from ESP either directly or indirectly.
3. ESP may modify and add to these Participant Terms and Conditions from time to time, and such modifications and additions shall become a part of this agreement upon written notice thereof to the Participant. ESP reserves the right to change curriculum and/or course material substance or format, and any requirements for rank or achievement. ESP shall provide a publication entitled "Rules and Regulations," which shall be incorporated herein by reference. All participants shall abide by the terms and conditions of the publication entitled "Rules and Regulations." ESP reserves the right to cancel the activity and status of any participant suspected of violating the above and take whatever actions it deems necessary to protect its rights.
4. ESP reserves the right to refuse service to anyone.
5. **DISCLAIMER:** I hereby acknowledge and agree that any information and/or products received in any form, through any individual or company represented by ESP, is for personal education only. I hereby acknowledge and agree that any decision made pursuant to the receipt of such is solely my responsibility. I hereby acknowledge and agree that ESP is not liable for; makes no representations; extends no warranties of any kind, either express or implied; and assumes no responsibilities whatsoever with respect to the use, performance and/or operation of such information and/or products received in any form, through any individual or company represented by ESP.

PARTICIPANT NOTICE OF CANCELLATION

YOU MAY CANCEL THIS TRANSACTION, WITHOUT PENALTY OR OBLIGATION, WITHIN THREE BUSINESS DAYS FROM THE TRANSACTION DATE IN THE BOX BELOW (THE TRANSACTION DATE IS THE SAME DATE NOTED IN THE APPLICANT AFFIDAVIT ON THE FRONT OF THIS APPLICATION). IF YOU CANCEL, ANY MATERIALS TRADED IN, ANY PAYMENTS MADE BY YOU UNDER THE CONTRACT OR SALE AND ANY NEGOTIABLE INSTRUMENT EXECUTED BY YOU WILL BE RETURNED WITHIN TEN (10) BUSINESS DAYS FOLLOWING RECEIPT, BY THE SELLER, OF YOUR CANCELLATION NOTICE; AND ANY SECURITY INTEREST ARISING OUT OF THE TRANSACTION WILL BE CANCELED. IF YOU CANCEL, YOU MUST RETURN TO THE SELLER IN PERSON, IN SUBSTANTIALLY AS GOOD CONDITION AS WHEN RECEIVED, ANY MATERIALS DELIVERED TO YOU UNDER THIS CONTRACT OR SALE; OR YOU MAY, IF YOU WISH TO NOT RETURN THEM IN PERSON, COMPLY WITH THE INSTRUCTIONS OF THE SELLER REGARDING THE RETURN SHIPMENT OF THE MATERIALS AT YOUR EXPENSE AND RISK. IF YOU FAIL TO MAKE THE MATERIALS AVAILABLE TO THE SELLER, OR IF YOU AGREE TO RETURN THE MATERIALS TO THE SELLER AND FAIL TO DO SO, THEN YOU REMAIN LIABLE FOR PERFORMANCE OF ALL OBLIGATIONS UNDER THIS CONTRACT. TO CANCEL THIS TRANSACTION, MAIL OR DELIVER A SIGNED AND DATED COPY OF THIS CANCELLATION NOTICE OR ANY OTHER WRITTEN NOTICE, OR SEND A TELEGRAM, TO THE EXECUTIVE SUCCESS PROGRAMS, INC. CORPORATE PROCESSING OFFICE IN YOUR AREA NO LATER THAN MIDNIGHT OF THE THIRD DAY PAST THE FOLLOWING DATE:

Referring participant must enter transaction date here

I HEREBY CANCEL THIS TRANSACTION

Date _____ Applicant's signature _____

SALES PERSON / FIELD TRAINER AUTHORIZATION

Referring individual's name	Referral individual's Nxian number	Field trainer's signature of approval
Salesperson's name (if applicable)	Salesperson's Nxian number	Salesperson's percentage*
Additional Salesperson's name (if applicable)	Salesperson's Nxian number	Additional Salesperson's percentage*
Field trainer's name	Field trainer's Nxian number	Field trainer's percentage*
Field trainer's signature	*Salespersons' percentage and field trainer's percentage must add to one hundred.	

FOR ADMINISTRATIVE PURPOSES ONLY

Admin processing # _____

NXIVM Center