



## Class Registration Form:

*Please enter your info directly on each line below by simply clicking on it. You may then save to a destination of your choice and either scan/email or print/snail mail.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Weight Loss Surgery Procedure: \_\_\_\_\_

Weight Loss Surgery Date and Surgeon: \_\_\_\_\_

\_\_\_\_\_

Pre-Surgery Weight and Post Surgery Weight Loss: \_\_\_\_\_

Registering for (Class Time/Date): \_\_\_\_\_

The reasons why you want to attend the "Success Habits" classes?

\_\_\_\_\_

Method of Payment: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_

Credit Card Number and 3 Digit Security Code: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

Billing Name and Address: \_\_\_\_\_

\_\_\_\_\_