



**SPONSORSHIP
ENROLLMENT FORM**

6902 E. Gary Rd. 480.951.2157 Phone
Scottsdale, AZ 480.951.4278 Fax
85254 info@knowconflict.com

Sales Rep: _____

Date: _____

Course Name(s) Conflict Management Course

Sponsor

Name _____ Title _____

Customer (Company/Organization) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax _____

Email Address (example: JohnSmith@organizationZ.com) _____

My Preferred Approach is:

Community Preference (please specify) _____ Waiting List _____ Digital Divide Outreach _____

My Preferred Sponsorship Package is:

National _____ Regional _____ State _____ Local _____ Undecided _____

Billing

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Address _____

Phone _____

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Payment Method

Check _____

or

P.O. # _____

Total Cost # of Users _____ X Cost per User _____ = Total Cost _____

Comments _____

Yes! _____ *Sign me up to be a sponsor of KnowConflict's Conflict Management Course.*

Signature _____ Date _____

Please fax back this page to KnowConflict. Upon acceptance by KnowConflict of this order, you will receive a confirmation letter, sent to Customer address. Access information for the course, including ID, Password, etc., will be provided upon receipt of payment. Customer agrees that any reproduction or distribution of the course outside of the school specified in this order, or to users in excess of the number specified in this order, without expressed prior written authorization from KnowConflict is strictly prohibited.

Our terms are 25% to reserve your space, 25% at commencement of program. Balance due: net 30. Cancellation policy: 100% refund if cancelled 60 days prior to scheduled commencement. No refund if cancelled within 60 days.

We thank you for your order and for your interest in making classrooms safer environments focused on both learning and personal growth.