



# ORDER FORM

Item Ordered \_\_\_\_\_

Training Date \_\_\_\_\_

Consultant \_\_\_\_\_

EMAIL: [ops@saltandlightcouncil.org](mailto:ops@saltandlightcouncil.org)

PHONE: 888 725-8654 / FAX: 858 759-7113

Person Taking the Training	Where do we ship the Training Binder?
Name:	
Email:	
Cell:	
Home Phone:	
Address:	Where do we ship the Ready2-Go Kit?
City/State/Zip:	Where do we mail your Certification?
Church Address:	Pastor: Church Phone:

<b>SIGN UP FOR TRAINING</b>	<input type="checkbox"/> <b>\$250 CERTIFICATE PROGRAM: AFFILIATE LEADER</b> Includes (SLC Training Binder, Live Drills and Role Play, 1-Year Certificate, Monthly Maintenance, Backend Support, PACE Meeting and On-going Resources) <b>(Add \$12.65 Flat Rate to Ship)</b>	
	<input type="checkbox"/> <b>\$150 CERTIFICATE PROGRAM: ALTERNATE LEADER</b> Includes (Live Drills and Role Play, 1-Year Certificate, PACE Meeting)	
	<input type="checkbox"/> <b>\$50 PERSON TO ATTEND AS A SPECTATOR</b> (Live Training Only)	
	<input type="checkbox"/> <b>\$10 LUNCH</b>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

<b>READY-2-GO TABLE KIT</b>	<input type="checkbox"/> \$365 (Full in Rolling Container) <input type="checkbox"/> \$261 (No Roller) <input type="checkbox"/> \$52 (Banner) <input type="checkbox"/> Received at training <input type="checkbox"/> Ordered at training to be shipped <b>(Includes Shipping)</b>	
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<b>PAYMENT METHOD</b>	CREDIT CARD #: _____ EXP: / _____ SEC CODE: _____	<b>Add Shipping Cost</b>	
	NAME ON CARD: _____	<b>TOTAL COST</b>	
	BILLING ADDRESS: _____	Bill Church ___	
	CITY, STATE, ZIP _____	Check ___	
	EMAIL: _____	Mstrcd ___	
	PAYPAL CONFIRMATION #: _____	Visa ___	
	Amex ___		
	Discover ___		
	Cash ___		

**For Office Use Only:** Saved in SLC/Training-Affiliates/Training Invites, RSVPs/Costs & Reg./ Training Registration Form Rev 14

DATE BINDER/TRAINING MATERIALS SHIPPED: \_\_\_\_\_ DATE READY-2-GO KIT SHIPPED: \_\_\_\_\_

DATE TRAINING PAID: \_\_\_\_\_ DATE READY-2-GO KIT PAID: \_\_\_\_\_ FORM SENT TO LC \_\_\_\_\_

STATUS CHANGED IN ACT/DATE \_\_\_\_\_ ENTRY CLERK \_\_\_\_\_ DATE CERTIFICATE SENT: \_\_\_\_\_