



**REGISTRATION FORM**

I (We) hereby authorize LeadingC, Inc. hereinafter called **Company**, to initiate charges to my (Our) credit card account indicated below and the depository named below, hereinafter called **Depository**, to change the same to such account.

Name Shown on Card:

Billing Address:

City - State - ZIP:

Payment Type (Check One):  Visa  American Express  MasterCard  Discover  Check

Credit Card No:

Expiration Date:

Authorization Amount:

Authorization Signature on Card:

This authority is for the amount indicated above only. Further transaction will require an authorization for by Depository per transactions

Names(s)

Contact Phone No:

Date:

Email:

Course:

Fill this form and fax it to (908) 248-0721 and Attn:Account Department.

Please do not pay by cash

**Fees are non refundable.**

Leading Training (Training Division of LeadingC, Inc.)  
200 Middlesex-Essex Tpk., Suite #101  
Iselin, NJ 08830  
Toll Free Tel: 1-877-540-3500 / Fax: (908) 248-0721  
Email: [training@leadingc.com](mailto:training@leadingc.com) Website: <http://www.leadingtraining.com>