



COLLABORATION OF BRILLIANT ENTREPRENEURS

CONFIDENTIAL APPLICATION

Please scan and email/fax to:
programs@COBEcompany.com
F: 310.215.9976

I would like to receive news,
and updates from COBE:
[] YES! [] No

Name (Last, First)

Company

Business Address

City State Zip

Business Phone Cell Phone

Email Address

Type of Business Years in Business

Date of first workshop: CHARTER MEMBER: Y / N

Annual Investment: \$ Deposit: \$ Balance: \$

MASTERCARD [] VISA [] CHECK [] (Please make payable to COBE Coach)

CREDIT CARD NUMBER

EXP. DATE

3 Digit CVV Code:

Billing Address for CC

City State Zip

I authorize COBE to charge the credit card number above for the deposit. My balance will be charged on
this credit card six weeks prior to the date of my first workshop.

X
Cardholder Signature Print Name

COBE
269 S. Beverly Drive, Suite 743
Beverly Hills, CA 90212
310.215.9975
F: 310.215.9976
Programs@COBEcompany.com

TERMS AND CONDITIONS:

The balance of the annual investment is due six weeks prior to the date of the first workshop as stated above. If
registering for COBE within 30 days of the first workshop, the full annual investment is due at the time of
registration. Fees are non-refundable or transferable upon attendance of first workshop. Partial deposit refundable if
cancellation is processed 60 days prior to first workshop.

I certify that I have read and agree to the above Terms and Conditions

SIGNATURE TODAY'S DATE