

**AXIOLOGY IN ACTION – FRIENDS OF ACCPOW
REGISTRATION FORM**

Complete this form and get it to us by...

1. **Fax...** Complete this form and fax it to 1-973-736-3930 with your Visa or Master Card information and signature.
2. **Phone...** call 1-973-736-1304. Give us all the information below.
3. **Mail a check...** with the completed enrollment form to:
Axelrod & Associates • 14 Seaman Road • West Orange, NJ 07052

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____

Eve Phone _____

Fax _____

Email _____

Yes, please reserve my space for this \$358 package for only \$99.

I want my Personal Success Profile, Send me the bonuses and notify me of the group telephone coaching with Mitch Axelrod.

I get everything for the Special Friends of ACCPOW price of ONLY \$99.

_____ Here's my check payable to Axelrod & Associates for \$ _____

_____ Please bill \$ _____ for _____ Success Profile report(s) and BONUS coaching call to my Visa or Master Card (circle one)

Card# _____ / _____ / _____ / _____

Expires ____/____ Signature _____

We thank you for your confidence. We are committed to your success!