

# BeST Scoping Techniques

## Student Enrollment Application

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth \_\_\_\_\_

How did you hear about our course? \_\_\_\_\_

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By signing below, I am indicating my desire to enroll in the Best Scoping Techniques ("BeST") training course and I understand I will begin receiving my course material approximately one week after payment in full is received by BeST unless other arrangements have been made. I understand I will have a period of two years (2) to complete the course or my access to the on-line lessons will be discontinued unless I re-enroll. I understand BeST does not guarantee that I will generate income as a result of this training and I understand my success as a scopist depends entirely on my own skills and efforts. I understand that the cost of the training material does not include the price of a CAT (computer-aided transcription) system. I understand that the course material is proprietary and intended for my own individual use only unless otherwise stated by BeST and is not to be resold.

I will be submitting my nonrefundable payment in the amount of \$\_\_\_\_\_ via credit card / cashier's check. This training course is nontransferable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Typing your name here when submitting this application as a digital file carries the same force and effect as a handwritten signature.)

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To pay by credit card, submit your card information via the BeST website (or by calling Cathy or Judy) and complete and return this form to Cathy at [cathyknox2016@gmail.com](mailto:cathyknox2016@gmail.com) or Judy at [jcrinc@outlook.com](mailto:jcrinc@outlook.com), or fax it to 866-771-0058.