

## Advisor Support Program

### REGISTRATION FORM

<p>I wish to register for: (please check one)</p> <p>(5% GST will be added)</p>	<p><input type="checkbox"/> Subscriber      \$400 per year</p> <p><input type="checkbox"/> Associate Advisor    \$225 per month</p> <p><i>All registrations are automatically renewed after each year Should you wish to unsubscribe anytime after the initial term, please call Nicole at 1.800.598.6400 x259.</i></p>
Start Date	
Name	
Organization	
Address 1	
Address 2	
City	
Province/State	
Country	
Postal Code/Zip	
Business phone	
Fax	
Email	
Payment method	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> I prefer to pay monthly (Associate levels only)
Card number	
Expiry date	
Name on card	
Signature	

Please fax your completed form to Nicole at (519) 837-9883 or mail to:  
 Nicole LeCourtois  
 The SuccessCare® Program  
 512 Woolwich Street  
 Guelph, ON  
 Canada N1H 3X7

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Please provide the information you want included in our online advisor directory and/or on your branded newsletter.

Check options required	Provide details for options checked
<input type="checkbox"/> Your Name	
<input type="checkbox"/> Organization Name	
<input type="checkbox"/> Logo <i>(newsletter only)</i>	<i>Please email eps file to nicole@successcare.com</i>
<input type="checkbox"/> Your photo <i>(newsletter only)</i>	<i>Please email high res file as above</i>
<input type="checkbox"/> Address 1	
<input type="checkbox"/> Address 2	
<input type="checkbox"/> City	
<input type="checkbox"/> Province/State	
<input type="checkbox"/> Country	
<input type="checkbox"/> Postal Code/Zip	
<input type="checkbox"/> Main Telephone Number	
<input type="checkbox"/> Alternate Telephone Number	
<input type="checkbox"/> Fax Number	
<input type="checkbox"/> Web address	
<input type="checkbox"/> Email Address	
<input type="checkbox"/> Geographic Area of Practice	

