

DON ZAVIS
National Sales Trainer – Award-Winning Sales Coach – International Keynote Speaker
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520-903-4654
520-308-4494 fax
donzavis@comcast.net

Name _____ Position _____
Company _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Cell _____
Email _____ Web Site _____

ENROLLMENT AGREEMENT

_____ enrolls me in the DON ZAVIS SALES TRAINING training/coaching program. My enrollment entitles me to _____ sessions per month for a period of 12 months beginning _____. My investment also includes all phone coaching and access to the DON ZAVIS SALES TRAINING client base, referral network, events and materials.

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___ Individual Sales Training / Sales Coaching session(s) (1 attendee)(Lifetime) @ _____

___ Group Sales Training / Sales Coaching session(s) (2-20 attendees)(Lifetime) @ _____

___ Group Sales Training / Sales Coaching session(s) (20 plus attendees)(Lifetime) @ _____

___ Keynote Speaking session(s) @ _____ on _____

___ Materials / Books / CD'S / DVD'S / Evaluations / Live Broadcast / Vimeo / Conf Call _____

___ Expense reimbursement related to training (travel/lodging/transportation/meals/etc) _____

___ **SUCCESS SHARING PROGRAM** monthly average _____ 1/3 of monthly increase _____

___ **BUSINESS BUILDER PROGRAM** @ _____ per month _____

Check _____ Charge _____ Cash _____ Trade _____

Card # _____ Expiration _____ Zip Code _____

Cardholder Name _____ 3 Digit Security Code on Back _____

I understand and agree to the terms above. I agree to pay via a payment plan (no refunds) for a minimum of 1 year and will make payments as described below with a 60 day written notice of cancellation. 10.00 penalty for missed/declined payment.

\$ _____ on the _____ day of each _____ commencing _____

Enrollee _____ Date _____