Glacken University

Enrollment Form

Your NAME	Who is your UPLINE?	
PHONE	E-MAIL	
ADDRESS		
Street	City Zip)
I understand the followir	g requirements to attend the course are:	
• I have written out my sh	ort term and long-term vision on paper.	
• I have five affirmations	written out on 3×5 cards.	
• I have a list of 25 names	of prospects (and I have begun identifying their potential nee	ds.)
I have made a commitme	nt to view ALL 7 classes for MY business success.	
I have committed to read	ling the information in the .pdf binder to further educate myso	elf on
the products, compensat	on and process.	
My goal for the next 7 w	zeks:	_

The cost of the course is \$100. This fee covers the cost of the materials.

This class is a series of recorded webinars with a .pdf binder of materials. Once you are enrolled and paid, you will receive the link to the class recordings and the .pdf.

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Payment accepted via Paypal go to www.paypal.com & send payment to jennifer@glackenhealth.com; via Venmo find Jennifer-Glacken-1; Zelle look for Jennifer Glacken. Or, mail to: 727 W. Lewiston Ave., Ferndale, MI 48220

