



Schools of Choice

Board Governance Training Request Form

Management Company: _____

Contact Person: _____ email: _____

Phone No. (ofc./cell) _____

School(s) _____

Registrants for Class:

Name	Email	4 or 2 hour course?

If you are ordering by Credit Card for multiple Board Members and Administration Staff, please complete and email to info@cma-ent.com or call CMA at 954-476-3525.

Form of Payment

Credit/P-Card: Type: _____ (MC, Visa, AMEX, Discovery, etc)

Name on Card: _____

Number on Card: _____

Expiration Date: _____

Security Code: _____

Zip Code _____

Upon successfully processing the request, an electronic receipt will be forwarded to the contact person. Registrants will be sent a link directly from the CMA online service provider