

## REGISTRATION FORM

### DATE

**1<sup>st</sup> option:** From: \_\_\_\_\_ to \_\_\_\_\_  
**2<sup>nd</sup> option:** From: \_\_\_\_\_ to \_\_\_\_\_  
**3<sup>rd</sup> option:** From: \_\_\_\_\_ to \_\_\_\_\_

### DETAILS

**Participant 1:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Mobile:** \_\_\_\_\_

**Participant 2:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Mobile:** \_\_\_\_\_

**Participant 3:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Mobile:** \_\_\_\_\_

**Participant 4:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Mobile:** \_\_\_\_\_

**Participant 5:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Mobile:** \_\_\_\_\_

**Participant 6:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Mobile:** \_\_\_\_\_

**PURCHASE OF BRAINWAVE SYSTEM**

Brainwave EEG Neurofeedback Trainer purchased in this course, if any: \_\_\_\_\_

\*Up to one per participant

Brainwave Optical-Acoustical device purchased in this course: \_\_\_\_\_

\*From one up to one per participant

**INVOICE DETAILS**

**In the name of (Participant or Company):** \_\_\_\_\_

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

**City:** \_\_\_\_\_

**State / Country:** \_\_\_\_\_ **ZIP.** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail.** \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please, fill this space with any information regarding your course, such as dates, participants, purchase of the Brainwave System or any detail that should be included in the Invoice.

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**This Registration Form is to provide information only.** With this information we will be able to lay out the terms of our contract to provide your course. Please, send this form, scanned or as a .PDF file to our e-mail: [ai@alphalearning.com](mailto:ai@alphalearning.com)

\_\_\_\_\_  
Name or signature of the main contact