

For Office Use Only  
Code Assigned \_\_\_\_\_

# DISC Team Assessments Registration Form

**Please allow 48 hours to process your request. Thank you.**

**Rates: (plus HST for Canadian Clients Only)**

\$100 CDN for non-coaching clients

\$75 CDN for coaching clients

\$50 CDN for initial coaching team assessment

**Registered Rep:**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Company*

\_\_\_\_\_  
*Phone: Direct Line & 800#*

\_\_\_\_\_  
*Fax*

\_\_\_\_\_  
*Email*

**Team Members Completing Assessments:**

(attach additional sheet if needed)

\_\_\_\_\_  
*Name/Title*

\_\_\_\_\_  
*Name/Title*

\_\_\_\_\_  
*Name/Title*

\_\_\_\_\_  
*Name/Title*

\_\_\_\_\_  
*Name/Title*

**DISC Administrator:**

You must select a DISC Administrator within your team. The administrator will receive links to the assessments and will be responsible for distribution to the other team members. **Please note this person will also receive copies of each individual's assessment reports.**

\_\_\_\_\_  
*Administrator's Name*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Direct Phone*

**Payment Information:** (Please Print)

Credit Card: [ ] VISA [ ] MasterCard [ ] AMEX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ Sec Code \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Cardholder Signature*

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**Fax Completed Form to 309-294-5519**