



Please complete the **Resonance Enrollment Form.**

(We must receive a separate Enrollment Form for each Participant and Auditor.)

**Personal**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ (If other than USA)

Phone: \_\_\_\_\_

**Employment Information**

Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Annual Sales: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

1. What inspired you to sign up for Resonance?

2. What do you want to come away with from Resonance?

**Liability Release:** The undersigned completely and unconditionally releases Intentional Leaders, Full House Farm and its affiliates and, director, officer, employee, agent, and representative of any such entities, persons, and parties (herein collectively referenced as the "Releases") from all claims of liability for each and every injury, harm, damage, and loss of every kind or description (including death) to the undersigned's person or property, directly or indirectly occurring in connection with, resulting from, arising out of the undersigned's participation or travel to and from the Resonance activities, whether caused by negligence of any of the Releases, or otherwise

The undersigned does further agree to defend, hold harmless, indemnify and release, and forever discharge the Releases from and against any and all claims, demand, and actions or causes of action on account of damage to or related to the undersigned's such participations and travel.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Resonance Event: *(Enter the Month and Year)* \_\_\_\_\_

Enclosed is my pre-payment :

**PARTICIPANT:** *(Check One)* \_\_\_\_\_ \$2,500 (5-Day) \_\_\_\_\_ \$1,500 (3-Day)

Total # of Participants: \_\_\_\_\_

**Total Resonance Participant Fees:** \_\_\_\_\_

**AUDITOR:** *(Check One)*

\_\_\_\_\_ \$50/day or \$200 for 5 Days (**5-Day**) *(Circle the Number of Days)*      1 2 3 4 5

\_\_\_\_\_ \$50/day or \$100 for 3 Days (**3-Day**) *(Circle the Number of Days)*      1 2 3

Total # of Auditors: \_\_\_\_\_

**Total Resonance Auditor Fees:** \_\_\_\_\_

**Grand Total Resonance Fees:** \_\_\_\_\_

Mail Enrollment Form(s) and payment to:

**Intentional Leaders**  
Attn: Resonance  
**10511 Woodside Dr.**  
**Forestville, CA 95436**