

For Office Use Only
Code Assigned _____

DISC Team Assessments Registration Form

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

Rates: (email wlw3@mac.com for current pricing)

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

Card Number: _____

Expiration Date: ____/____ Sec Code _____

Name on Card: _____

Billing Address: _____

Cardholder Signature

Email scan of document to wlw3@mac.com