



Motives® Trainer Certification Form
Date: Thursday, 6 March & Friday, 7 March, 2014
Time: 9:30 a.m. – 5:30 p.m.

Venue:
 Park Royal Parramatta
 The Chapman Room
 30 Phillip Street
 Parramatta, NSW 2150

Registration and Payment:
Please complete this form for the MOTIVES Certified Training Class and return it to the below contact with credit card payment. Payment must be received in full PRIOR to the training and is nonrefundable and nontransferable.

Mail: Attention Motives
 Market Australia
 PO Box 5202
 Frankston, South VIC 3199
 or Email: sallye@marketaustralia.com.au
 Application Deadline: 28 February, 2014 (if not sold out prior)

INDEPENDENT DISTRIBUTOR INFORMATION:

NAME:				DIST ID #:		
ADDRESS:				PHONE #:		
CITY:		STATE:		POSTCODE:		
EMAIL:						

If you are an EMP Distributor, please skip questions 1 through 4 below and go directly to 5.

1. I have attended the following Motives trainings since 2013:

_____ Date – Cosmetics and Skincare – Level I

_____ Trainer Name:

_____ Date – Application and Technique – Level II

_____ Trainer Name:

motives®

by loren ridinger

2. I have earned at least \$300.00 in commission in the MPCP:

Yes: No:

3. I have purchased:

Order Number:

- Colour Consultant Kit - #72011MCK or Motives Fast Start Kit

- 2013 Autumn Release Kit - #72013ARK

- 2013 Spring & Summer Kit - #72013SRK

- Consultant Palette - #7A25073 or #72012MCP

- Cellular Laboratories® Anti-Aging Kit - #711207

- Skintelligence® 5-Piece Set - #712602

- Lumière de Vie® Full Regimen Kit - #712209 or individual products

4. I have conducted/attended at least three (3) Motives area events (lessons, workshops, VIP, open house, launch party, etc.) in a calendar quarter:

Quarter #: _____

Event	Area	Date
-------	------	------

Event	Area	Date
-------	------	------

Event	Area	Date
-------	------	------

5. My current email address is: _____



6. Must attend Motives Certified Trainer School.

Please register me for the Motives Certified Trainer class on Thursday, 6 March & Friday, 7 March, 2014

CREDIT CARD PAYMENTS:

UFMS CREDIT CARD NUMBER: _____ EXP DATE: _____

TOTAL PAYMENT: _____

SIGNATURE: _____

7. Please find attached a letter of recommendation from

Motives Certified Trainer: _____

8. I am attending the 2014 National Convention

Yes: Ticket Number: _____