



## Sign Up for EM Coach

Once CORD receives your payment and completed form below, your payment will be processed within approximately 48 hours of receipt. This information will be sent to EM Coach and they will contact you within one week to set up your account. The following information and signature are required to begin your subscription.

### Program Information

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

\*EM Coach Primary Instructors Name: \_\_\_\_\_

\*EM Coach Primary Instructor Email: \_\_\_\_\_

\*The primary instructor MUST be the PD or APD, cannot be a coordinator.

Welcome to EM Coach! Your use of EM Coach's services, including the services EM Coach makes available through this website and all related web sites, mobile sites, data files, visualizations and applications which link to these terms of service (the "Site") and to all software or services offered by EM Coach in connection with any of those (the "Services"), and any other software or services offered by EM Coach in connection with any of those (the "Services") is governed by these terms of service (the "Terms"), so please carefully read them before using the Services. For the purposes of these Terms, "we," "our," "us," and "EM Coach" refer to EM Coach, LLC, the providers and operators of the Services.

In order to use the Services, you must first agree to these Terms. If you are registering for or using the Services on behalf of an organization, you are agreeing to these Terms for that organization and promising that you have the authority to bind that organization to these Terms. In that case, "you" and "your" will also refer to that organization, wherever possible.

[Click here to download the full Terms of Service.](#)

By the signature below, the program agrees to be bound by all the terms of this agreement.

Program Director Signature: \_\_\_\_\_

Payments can be made by credit card or Check. Please select: **MasterCard** **Visa** **American Express**

**Total: \$ \$500.00**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV Code: \_\_\_\_\_ Billing Address Zip Code: \_\_\_\_\_

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

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Please make checks payable to CORD  
(Remit to address, phone and fax numbers are below)