



# Elite Diagnostics Imaging Service

## Enrolment Form

Date(mm/yy): \_\_\_\_\_

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

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

Date of Birth:  
(MM/DD/YY) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

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

Name(s) of Children at Home:  
(please include ages) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Phone #: \_\_\_\_\_

How did you hear about this? \_\_\_\_\_

Price: **\$250.00 (GST included)**

### Payment Options

Pay by Cheque      Make cheque payable to 'Synergy Financial Group' mail along with your enrolment

E-transfer      Send payment and enrolment to [kelly@synergyfinancialgroup.com](mailto:kelly@synergyfinancialgroup.com)