



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:

\$365.00 (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