



Dialexis, inc.™

The **SOAR™** Selling System
Open Forum Agreement

PLEASE COMPLETE THIS FORM AND EMAIL TO accounting@dialexis.com OR
FAX THE SIGNED AGREEMENT TO (949) 606-9899

DATE:

CONTACT:

COMPANY:

ADDRESS:

PHONE/FAX:

EMAIL:

ATTENDEE NAME(S):

PROGRAM FEE: \$

NON-

DISCLOSURE

CONFIDENTIALITY

Client acknowledges that it will be receiving as part of the program confidential and proprietary information ("Confidential Information") belonging to Dialexis and hereby agrees, on behalf of itself and its representatives, agents and employees, that it shall hold and maintain the Confidential Information received from the program in strictest confidence and in trust for Client's sole and exclusive benefit. Neither Client nor its representatives, agents or employees shall publish or otherwise disclose to others or permit the use by others for their benefit or to the detriment of Dialexis any of the information received from the program.

Confidential Information means any and all information and data concerning Dialexis teaching, marketing, sales, seminar, and training techniques. Such information may be contained in written material and may constitute unwritten information, techniques, processes, practices or knowledge

PAYMENT

METHODS

Please pay with Check/Credit Card. We accept Visa, MasterCard, and American Express. Please submit the full payment with the signed contract to secure the attendee(s) seat.

Credit Card Number:

Expiration Date:

Name on the Card:

Street Mailing address on Credit Card:

Zip Code of Mailing address on Credit Card:

Type of Credit Card:

Security Code:

Signature of card holder: _____

Please return the executed original with your payment to: accounting@dialexis.com or Fax to 949-606-9899

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