

BrainRx International

Application (Please complete in full. Please note this form does not obligate the purchase nor the award of a BrainRx License.)

Name:		Today's Date:	
Birth date:		Email:	
Home Phone:		Cell Phone:	
Best ph# to reach you at:		Skype ID:	
Marital Status:		Spouse's Name:	
Address:		City, State, Postal Code:	
Education (level)		Ed (where; major)	
Current Business:		Position:	
Where did you first learn about BrainRx?			
What most interests you about a BrainRx License?			
City and country you would like to operate a Center?			
Please give a brief description of the area?			
In your country region: How much does a Bic Mac cost? What does a tutoring session cost? What is the average take home pay in US\$? What is the top 30% take home pay in US\$?			
Are you Interested in master license?			
Time frame to start Center:			
What is your financial net worth?			
What experience/background do you have that makes you a good fit for a BrainRx license?			

Please email completed form to info@brainrx.org or fax to 719-522-0434