



EclipseVox™ A-Z
Application for Enrollment

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Lexington, SC 29072
803.261.7214
thevoxacademy@gmail.com

EclipseVox™ A-Z *Basic*

EclipseVox™ A-Z *Plus*

Name

Address

City State Zip

Phone/Contact No.

Email

Date of birth: (optional)

Student , School

Current User, how long on software?

Court Reporter

Freelance – Agency or Firm

Official – Court

Both

What version of Dragon NaturallySpeaking?

DPI 15.3

DPI 15.61

Dragon Professional v16

Level of Dragon NaturallySpeaking training and knowledge:

What version of EclipseVox™ do you have? (at least 10 recommended):

V10

V11

Other

Level of EclipseVox™ training and knowledge:

What are your objectives in taking this course?

Payment information:

\$50 Non-refundable deposit to hold seat in class

Payment in Full \$599 (Payment due in full on or before 1st day of course)

I wish to make payments via

*A payment agreement will be required to be executed.

Payment:

- Check made payable to **Jennifer Thompson** can be sent to the above address; or
- PayPal to thevoxacademy@gmail.com choose Send money to Friends and Family NOT for services rendered;
- Venmo to @JenniferThompson528 (7214 last four of phone)
- (Preferred) Zelle to thompsoncourtreporting@gmail.com; or

- Credit Card (a processing fee of 3.5% is added to the total cost/payment)

CC#:

Exp:

CCV:

Signature:

Zip Code:

By checking this box, I understand and agree that I will be responsible for obtaining all necessary ancillary software/equipment/peripherals. I further understand that any costs associated with same is my responsibility and is not included in the cost of the training stated above.

By checking this box, I understand and agree that in choosing the payment option, I will be responsible for full payment regardless of attendance.

Applicant

Date