



Power of Your Presence

Workshop Registration Form

Workshop Participant

Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Billing Contact (If different from participant named above.)

Please provide contact information for the person to whom we should address the tuition invoice.

Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Power of Your Presence Workshop dates and locations (Please check one box below.)

- | | | |
|--------------------------|----------------------|-----------------------|
| <input type="checkbox"/> | January 27-30, 2009 | Orange County, CA |
| <input type="checkbox"/> | April 28-May 1, 2009 | Orange County, CA |
| <input type="checkbox"/> | June 23-26, 2009 | Washington, D.C. Area |
| <input type="checkbox"/> | July 21-24, 2009 | Denver, CO |

Fee: \$2,750 per person (Includes course workbook, 1:1 coaching, personal videotape, action plan, and some meals.)

Method of Payment (Please check one box below.)

- Payment by check. Please invoice me at the **Billing Contact address** above.
- Payment by **MasterCard, VISA, American Express** or **Discover**. Please call me for my credit card information.

Please Note Our Cancellation Policy

- Up to 60 days out: You may cancel or transfer your enrollment minus a \$100 re-registration fee.
- 59-30 days out: You may cancel or transfer your enrollment to another workshop date minus a 50 percent re-enrollment fee of \$1,375. Or, you may transfer your enrollment to another individual; a \$100 re-registration fee may apply.
- Less than 30 days out: You may transfer your enrollment to another individual for the class in which you are enrolled. A \$100 re-registration fee applies if a second registration package must be sent. Otherwise, 100% of tuition is forfeited for failure to attend.