

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.)

- February 8-11, 2011 Orange County, CA
- April 5-8, 2011 Atlanta, GA
- June 7-10, 2011 Orange County, CA
- July 12-15, 2011 Denver, CO
- September 20-23, 2011 Philadelphia, PA

Fee: \$2,950 per person (Includes course workbook, 1:1 coaching, personal videotape, action plan, and workshop 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 Read and Acknowledge 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 \$1,475. 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.

▶ I have read and understand the above Cancellation Policy for this workshop. (Please initial here.) _____ ◀