

Supervising for Performance Series

Developing Front-Line Leadership Skills

Fall – Winter 2009-10 Open Enrollment

REGISTRATION FORM

Please Type or Print Clearly: *(Copy this form to register multiple participants)*

Participant Name: _____

Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Participant Name: _____

Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

**You may cancel your registration up to 30 days prior to the first session and receive a full refund. After that time, no refunds will be given.*

Registration Authorization

Print Name and Title

Signature Date

Billing

Please send invoice to:

Contact Name: _____

Company: _____

Address: _____

Address: _____

Telephone #: _____

To register please contact –
Bob Hanson
Phone: 612-860-5358
Fax: 763-432-0622

Email: BobH@HansonPerformanceAlliance.com

www.HansonPerformanceAlliance.com

Please check payment option.

___ Bill me once for all 10 sessions at the total of \$3,150.00 per person.

___ Bill me each month at \$315.00 per person, per session.

___ *Special Incentive:* 3 or more participants. Bill me once at \$2,850.00 per person.

Brought to the Beloit and Janesville region through the partnership of:

