Enrollment Registration/Authorization

Company Name: _____

Street Address: _____

City: _____ State _____ Zip: _____

Purchaser's Name: _____ Title: _____ Phone: _____

I hereby authorize the enrollment of the following person(s) for:

Developing the Leader in You (5 sessions) **Investment Cost: $ 895.00**

A Kickoff Meeting will be held prior to the start of the above program and the program will be held at the FBK Conference Center at 293 S. Shore Rd., Marmora, NJ 08223. Date of Kickoff will be announced when enrollment reaches the minimum.

Name: _____ Position: _____

Name: _____ Position: _____

**You will be notified of the start date and time as soon as the minimum classroom size is reached.

Special Flex Payment Terms: One-half due with Enrollment, One–half due 30 days from the Kick Off. You will be invoiced for the final payment.

Attached is my check for $ _____ (Make payable to "**Innovative Leadership**")

Please bill my company directly via Purchase Order Number_____

Charge the Program to my: ☐ VISA ☐ MASTERCARD

Card No. _____ Exp.Date:_____

Name on Card: _____

Authorized Signature: _____

Mail Enrollment Form To Corporate Office: 293 S. Shore Road , PO Box 942 Marmora, NJ 08223 or Fax to 609.390.0558 or Call-In the enrollment information to: (856) 489 – 8665 or (609) 390-2830

GUARANTEE

Our company offers a money back guarantee. It is required that each participant herein named, makes and fulfills a commitment to attend all scheduled conferences and completes all required activities and assignments. At the midterm point in this program, if the participant is not moving toward the results outlined in the up front agreement, the investment will be returned in full upon receipt of all materials issued.