

Enrollment Registration/Authorization

Company Name: _____

Street Address: _____

City: _____ State _____ Zip: _____

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

I hereby authorize the enrollment of the following person for:

_____ **The Making of An Effective Manager (18 weeks) Investment Cost: \$ 1,695.00**
***10% Discount is offered when enrolling 3 or more participants at the same time**

The date of the Kickoff Meeting is scheduled for September 15, 2010 and is contingent upon enrollment reaching the minimum number of participants. Sessions will be held at 293 S. Shore Road, Marmora, NJ 08053.

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

**You will be notified one week prior to the start date if minimum classroom size is not reached.

Special Flex Payment Terms: One-third due with Enrollment, One-Third due 30 days following enrollment, and One third due 60 days following enrollment. You will be invoiced for the final two payments.

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 South Shore Road, Plaza 9, PO Box 942
Marmora, NJ 08223 or Fax to (609) 390-0558 or Call (609) 390-2830**

100% 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.

