

INNOVATION WORKSHOP REGISTRATION FORM – FAX to (312) 829-2502

How did you learn about the workshop? (Please provide name so they can be thanked!) _____

Name of First Participant _____

Date of Workshop You Plan to Attend _____ City of Workshop _____

Title/Position _____

Organization _____

Address _____

City _____ State _____ Zip _____ Country _____

Email _____

Organization Website URL _____

Office Phone _____

Mobile Phone _____

_____ **Total Number of Participants Registering from your Organization** (list additional names below)

Registrants Tuition

_____ \$1,488 for 1 Registrant (only \$744 per day)

_____ \$1,190 per Registrant for 2-4 people for any workshops in any city (Save 20% - \$595 per day)

_____ \$892 per Registrant for 5 or more people for any workshops in any city (Save 40% \$446 per day)

Total Amount to Charge My Credit Card: \$ _____

Select Card Type: Visa MasterCard American Express Discover

Print Full Name on Credit Card _____

Credit Card Number _____ Exp. Date _____

Card Security Code _____ Signature _____

Name of 2nd Participant _____

Date of Workshop You Plan to Attend _____ City of Workshop _____

Title/Position _____

Email _____

Office Phone _____

Name of 3rd Participant _____

Date of Workshop You Plan to Attend _____ City of Workshop _____

Title/Position _____

Email _____

Office Phone _____

Name of 4th Participant _____

Date of Workshop You Plan to Attend _____ City of Workshop _____

Title/Position _____

Email _____

Office Phone _____