



Accelerated Innovation™
and Creativity Training Workshop

plan-a-date-to-innovate™

USE THIS WORKSHOP REGISTRATION FORM-FAX to +1 312-948-9190

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

Name of First Participant _____

Date of Workshop Participant Plans 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 for 2-Day Workshop

_____ \$2,497 for 1 Registrant (only \$1,249 per day)

_____ \$1,997 per Registrant for 2-4 people for any workshops in any city (Save 20% - \$499 per day)

_____ \$1,627 per Registrant for 5 or more people for any workshops in any city (Save 35% - \$874 per day)

Registrants Tuition for 1-Day Workshop

_____ \$1,997 for 1 Registrant

_____ \$1,497 per Registrant for 2-4 people for any workshops in any city (Save 33%)

_____ \$1,297 per Registrant for 5 or more people for any workshops in any city (Save 50%)

Total Amount to Charge My Credit Card: \$ _____

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Name of 2nd Participant _____

Date of Workshop Plans to Attend _____ City of Workshop _____

Title/Position _____

Email _____ Office Phone _____

Name of 3rd Participant _____

Date of Workshop Plans to Attend _____ City of Workshop _____

Title/Position _____

Email _____ Office Phone _____

Name of 4th Participant _____

Date of Workshop Plans to Attend _____ City of Workshop _____

Title/Position _____

Email _____ Office Phone _____

Name of 5th Participant _____

Date of Workshop Plans to Attend _____ City of Workshop _____

Title/Position _____

Email _____ Office Phone _____

Name of 6th Participant _____

Date of Workshop Plans to Attend _____ City of Workshop _____

Title/Position _____

Email _____ Office Phone _____

Name of 7th Participant _____

Date of Workshop Plans to Attend _____ City of Workshop _____

Title/Position _____

Email _____ Office Phone _____