

HR Workshop Registration Form—"Transforming Conflict at Work" September 29 – October 1, 2009 • Elevation Fitness• Dallas, TX

Please print or type—complete a separate form for each participant

Name: _____

Title: _____

Company: _____

Home Address: _____

City State Zip: _____

Daytime Phone No. _____ Fax No. _____

E-mail Address: _____ Signature: _____

I identify as:

- Male
- Female
- Transgender
- Other
- Prefer not to answer

Please list your current professional organizations, positions held, or leadership experiences. *(Limit to 100 words or less):*

Do you have any accessibility needs relating to your participation in this workshop? Yes ___ No ___

(If yes, please contact John Welch at 214-635-1985 to discuss your needs).

If applicable, indicate meal requirement. Vegan ___ Vegetarian ___ Kosher ___ Diabetic ___

Please indicate any medically necessary diet needs. _____

Early Registration: \$795 ends July 25, 2009

Late Registration: \$855 begins July 26, 2009

***Refund or Transfer fee: \$100.

***No refund after August 24, 2009

Elevation Fitness
Conference Room
1700 Pacific Ave, #200
Dallas, TX 75201
(214) 855-3706

Payment Methods: Cashier's check, Company check or Paypal-online registration!

Cancellation Policy

In the event of your cancellation, or in the unlikely event that this program is cancelled or postponed due to insufficient enrollments, inclement weather, or unforeseen circumstances, Corporate Harmony, Inc. and its affiliates cannot be held responsible for any other expenses, including cancellation or change charges assessed by airlines, hotels, travel agencies, or other organizations.

Mail completed form to:

Registration

Corporate Harmony, Inc.
1700 Pacific Ave, Ste 1870
Dallas, TX 75201
Phone: 214-635-1985 Fax: 214-635-1987

office use only:

Received: Amt: _____

Ck#: _____

Date: _____