

REGISTRATION FORM

The **ACADEMIC** Leader Conference

Registrant Information:

(Please Print)

Name: _____

Title or Occupation: _____

Institution: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ Fax Number: _____

E-Mail Address: _____

(Please Print)

Instructions for the conference will be e-mailed to you..

Credit Card Payment

Registration Fee: \$399.00

MasterCard (16 digits) VISA (13-16 digits)

American Express (15 digits)

Discover (16 digits) Bill me

Credit Card #: _____

Card Expires: _____

Total Payment: \$ _____

Signature: _____

Cancellation Policy:

Cancellations received on or before September 11, 2006, will be given a refund less a \$25 processing fee. Cancellations made after September 11, 2006, will result in a full registration fee.

LC06RF