

THE Choreography of Culture Change

Milwaukee, WI

An Action Pact Workshop Registration Form

____ February 24 - 29 ____ June 15 - 20 ____ September 21 - 26
2008

FAX TO: 414-444-8815

____ # of Participants you are registering X \$2600. = _____
(total due)

Name(s) of Participant(s)

(name) _____ (position) _____ (Cell phone #) _____ (email) _____

(name) _____ (position) _____ (Cell phone #) _____ (email) _____

(name) _____ (position) _____ (Cell phone #) _____ (email) _____

(List other names on Fax cover sheet)

Payment Options:

Invoice My Organization

____ 1 payment \$2600.00 or ____ 3 payments of \$875.00

Name (please print) _____

Name of Organization: _____

Address of Organization: _____

City _____ State/Province _____ Zip _____

Attention _____ Phone _____

Purchase Order # (if required by your organization) _____

Authorizing Signature _____

Email Address _____

Credit Card

(1 Payment on Master Card, Visa or AMEX)

Credit Card Number _____

Code _____ Exp. Date _____ Card Type _____

Name on Card (please print) _____

Billing Address for Card _____

City _____ State/Province _____ Zip _____

FOR MORE INFORMATION PLEASE VISIT US AT
www.culturechangenow.com OR CALL 414-258-3649



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