



631 N. Milpas St.  
Santa Barbara, CA 93103  
800.733.1638

# Registration Form

**Complete this form and FAX all pages to: 805.969.7985**

You will receive a confirmation of registration by email.

Workshop: SUCCEED Foundations  
Dates & Location: September 25 and 26, 2008 - Denver, Colorado area

Today's Date: \_\_\_\_\_  Individual Registration OR  Group Registration

**Register by September 5, 2008 - Early Bird DISCOUNT Prices:**

\$375.00 per person (SAVE \$50.00 / person)

\$350.00 per person, groups of 5 or more (SAVE \$75.00 / person)

**Register after September 5, 2008**

\$425.00 per person (individual and group rate)

I am registering \_\_\_\_\_ person(s) at \$ \_\_\_\_\_ per person(s) = Total payment of \$ \_\_\_\_\_

**Method of Payment - 3 options: credit card, PO# or check**

**Billing Address - Send Invoice (PO #) or Receipt (credit card payment) to:**

Name/Organization \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OPTION One:** Pay by credit card # \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp \_\_\_\_\_ Security Code on back \_\_\_\_\_

**OPTION Two:** PO # \_\_\_\_\_

**OPTION Three:** I have mailed a check to: McGrath Training Systems, 631 N. Milpas St., Santa Barbara, CA 93103 **AND faxed a copy of this registration.**

**Fax to McGrath Training Systems: 805.969.7985**

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**Individual or Group Registration:**

**Please provide complete information for EACH participant.**

Confirmation of course registration and workshop details will be sent by email to each participant.  
Upon completion of course a McGrath Certificate of Completion will be sent to each participant.

Please make multiple copies of this page if necessary.

If address or school site is the same for multiple participants - you can enter "same as above."

**PLEASE PRINT CLEARLY - Thank you**

Org / District Name \_\_\_\_\_

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Participant Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Job Title \_\_\_\_\_

Dept or School Site \_\_\_\_\_

Work Site Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

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Participant Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Job Title \_\_\_\_\_

Dept or School Site \_\_\_\_\_

Work Site Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

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