



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: McGrath **SUCCEED Training of the Trainers - "TOT"**
Location: Greater Portland, Oregon area
Part One (3 days) September 23, 24 & 25, 2009
Part Two (2 days) December 2 & 3, 2009

Today's Date: _____ Individual Registration OR Group Registration

Registration Fee without 4-year License Agreement: \$2,500.00 per person
Registration Fee with 4-year License Agreement: * \$1,800.00 per person

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

* Please call 800-733-1638 for details on our 4-year Licensing Agreement- **substantial savings available**

Method of Payment - 3 options: PO#, Check or Credit Card (MC or Visa),

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

Name/Organization _____

Street _____ City _____ State _____ Zip _____

OPTION One: Pay by credit card (MC or Visa) # _____

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

Page _____ of _____

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 may enter "same as above."

PLEASE PRINT CLEARLY - Thank you

Org / District Name _____

Participant Name _____ Work Phone _____

Job Title _____

Dept or School Site _____

Work Site Address _____

City _____ State _____ Zip _____

Email Address _____

Participant Name _____ Work Phone _____

Job Title _____

Dept or School Site _____

Work Site Address _____

City _____ State _____ Zip _____

Email Address _____
