

Registration Form

Complete this form and FAX all pages to: 866.229.3454

You will receive a confirmation of registration by email with daily schedule, address, etc.

To register by phone: Call Karen at 805.755.5565.

Workshop: McGrath **SUCCEED Foundations** Course

Location: **PENNSYLVANIA** - Springfield School District

111 West Leamy Ave., Springfield, PA 19064

Dates: July 21 & 22, 2010 (2-day course) 8:00 am - 4:00 pm

Registration Fee: Early Bird discount until 7-15-10 \$ 375.00* per person

Registration Fee: After 7-15-10 \$ 425.00* per person

* Registration Fee includes: Continental Breakfast, course materials and
1-year subscription to SUCCEED Online Application

Today's Date: _____ Individual Registration OR Group Registration

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

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

OPTION 1: PO # _____

OPTION 2: Pay by credit card (**MC or Visa**) # _____

Name on Card _____ Exp _____ Security Code on back _____

OPTION 3: I have mailed a check to: McGrath Training Systems, PO Box 5668
Santa Barbara, CA 93150 **AND faxed a copy of this registration.**

Billing Address - Send Invoice (opt. 1 - PO pymt.) or Receipt (opt. 2- credit card pymt.) to:

Organization _____

Attention to _____ email: _____

Street _____ City _____ State _____ Zip _____

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 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

Participant Name _____ Work Phone _____

Org / District Name _____

Job Title _____

Dept or School Site _____

Participant Work Site Address _____

City _____ State _____ Zip _____

Email Address _____

Participant Name _____ Work Phone _____

Org / District Name _____

Job Title _____

Dept or School Site _____

Participant Work Site Address _____

City _____ State _____ Zip _____

Email Address _____
