



# TRAINING REGISTRATION FORM

Name of course: \_\_\_\_\_ Course Location: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**We want to register the following personnel in the course noted above:**

Name: \_\_\_\_\_ Rank/Title: \_\_\_\_\_

Name: \_\_\_\_\_ Rank/Title: \_\_\_\_\_

Name: \_\_\_\_\_ Rank/Title: \_\_\_\_\_

**How did you hear about this course?** \_\_\_\_\_

**Payment Options:**

(All payments must be made prior to the class date)

**Check Enclosed** Payable to Performance Leadership Institute, Inc., P.O. Box 1214, Hood River, OR 97031  
Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

**Charge to:**      o      VISA      o      MASTERCARD  
Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of Card Holder (Please print) \_\_\_\_\_

Billing Address for the card: (including, address, city, state and zip) \_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Bill** my department at the address listed above—payment will be made prior to the class date.

*(Cancellation Policy: Paid registrations can be cancelled up to 10 days prior to the class date; you will receive a credit for any other upcoming class of equal value.)*



For Office Use Only:

Approval Code: \_\_\_\_\_

Ref. No. \_\_\_\_\_

**SUBMIT THIS FORM TO: April Lee at PLI, Inc. - Fax: (541) 386-5876 or Email: alee@pli.us.com**