

SEMINAR REGISTRATION FORM



SEMINAR DETAILS

Name: **The Manager-as-Mediator Seminar**
Date: **September 21, 2006**
Location: Wichita Country Club
8501 East 13th Street
Wichita, KS 67206
Club Phone: (316) 634-2882
www.wichitacountryclub.org
Time: 8:30 AM to 4:30 PM

PARTICIPANT INFORMATION

Name: _____
Title: _____
E-mail Address: _____
Business Phone: _____

ORGANIZATION INFORMATION

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____

PAYMENT INFORMATION

(Payment is due before the program.) Our federal ID# is 03-0418666 (FEIN)
Total Amount: \$295 ("Early Bird") \$375 (Regular Tuition)
 Check # _____ (payable to **Catalyst Consulting**) is enclosed.
 Bill my organization. Attn: _____

Charge to:	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	<input type="checkbox"/> MC	<input type="checkbox"/> Visa
Expiration Date:	____ Month	____ Year	Card Verification Number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Card Number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Card Holder's Name:	_____			
Signature:	_____			

Mail to: **Catalyst Consulting Partners at 1136 N Linden Circle, Wichita KS 67206.**
Phone: **1-800-378-9843** (ext. 1) Fax: **1-866-267-6719** www.consulting-that-works.com

Thank you for registering!