

ENERGY FOR PERFORMANCE™ EXECUTIVE COURSE

This registration form is for the *Energy for Performance™ Executive Course*- a 2 1/2 day program at the Human Performance Institute.

Registration forms must be received no later than **3 weeks prior** to program date. Please fax to: 407.438.6667, Attn: Lesandra Vasquez

YOUR INFORMATION

() Mr. () Mrs. () Ms. () Dr.

Last Name: _____ Company: _____

First Name: _____ Job Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Fax Number: _____ Email: _____

Assistant's Name: _____ Work Phone: _____ Email: _____

2008 OPEN ENROLLMENT DATES (LED BY A CERTIFIED PERFORMANCE COACH):

Investment: \$4,000.00

- | | | | | | |
|--------------------------------------|---------------------------------------|---|--------------------------------------|---|--|
| <input type="checkbox"/> January 7-9 | <input type="checkbox"/> February 4-6 | <input type="checkbox"/> March 10-12 | <input type="checkbox"/> April 7-9 | <input type="checkbox"/> May 19-21 | <input type="checkbox"/> June 9-11 |
| <input type="checkbox"/> July 14-16 | <input type="checkbox"/> August 11-13 | <input type="checkbox"/> September 8-10 | <input type="checkbox"/> October 6-8 | <input type="checkbox"/> November 10-12 | <input type="checkbox"/> December 8-10 |

2008 OPEN ENROLLMENT DATES (LED BY DR. JIM LOEHR OR DR. JACK GROPPLE):

Investment: \$5,500.00

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> May 12-14
<i>Dr. Jim Loehr</i> | <input type="checkbox"/> July 21-23
<i>Dr. Jim Loehr</i> | <input type="checkbox"/> September 22-24
<i>Dr. Jim Loehr</i> | <input type="checkbox"/> November 17-19
<i>Dr. Jack Groppel</i> |
|--|---|--|--|

HOW DID YOU HEAR ABOUT US?

- Colleague/Supervisor
 Friend/Family
 Website
 Book: *The Power of Story* or *The Power of Full Engagement* (circle one)
- Advertisement
 Other: _____

INVESTMENT *All programs require payment at time of registration to ensure dates.*

Method of payment (check one):
 Check
 Visa
 MasterCard
 American Express

Credit card number: _____ Exp. date: _____

Signature (required): _____

A signature is required on all forms of payment.

CANCELLATION POLICY: Individuals who cancel four or more weeks prior to the program will receive a refund minus a \$500 cancellation fee. Cancellations less than four weeks prior to the program will result in a forfeiture of 50% of course fee. If rescheduling is done more than four weeks prior to the program, there is no rescheduling fee. Rescheduling less than four weeks prior to program will incur a \$500 fee. Rescheduled course must be completed within six months of originally scheduled program date.

