

PRACTITIONERS PROGRAM IN THE MANAGEMENT OF CHANGE

REGISTRATION FORM (REV. 6/07)

You may use this form to mail your tuition or you can register and pay on-line at www.CHumanS.com

Location of the program you want: ___Columbia ___San Francisco ___Philadelphia

NAME: _____

AGE: _____ GENDER: _____ RACE (OPT): _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYMENT: _____

POSITION: _____

BILLING INFORMATION (IF DIFFERENT): _____

NAME: _____

PHONE: _____ E-MAIL _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EDUCATIONAL BACKGROUND:

CHANGE MANAGEMENT EXPERIENCE:

WHAT DO YOU WANT TO TAKE FROM THIS PROGRAM?

Mail this form with your check for the tuition due to
PRACTITIONERS PROGRAM C/O MICHAEL F. BROOM, PH.D.
10628 HIGH BEAM COURT
COLUMBIA, MARYLAND 21044

- Check (✓) if you want the discount for having successfully supported another person (their name: _____) to register, your tuition is **\$4300.00**
- Check (✓) if you want the discount for having registered before July 15, 2007, your tuition is **\$4100.00**
- Check (✓) if you want the discount for having registered before August 15, 2007, your tuition is **\$4300.00**
- Check (✓) if you have none of the discounts, your tuition is **\$4500.00**
- Check (✓) if you want to pay \$500 now to hold your place and the remainder prior to the begin the start of the program

Register NOW. Seats are limited and will be filled on a first come first serve basis!