

Scanlon Conference 2004 Registration Form



Registrations must be received by Friday, April 16
prepayment must be included for your registration to be processed

Company Name/Address _____

Conference Coordinator/Contact Name _____ Phone _____ Fax _____ Email _____

Please reserve: ___ Reception at \$10 ___ Conference at \$225 ___ Conference at \$450 ___ Tours at \$25 ___ Tours at \$50

Enclosed is a check or credit card authorization for \$ _____ ___ Check enclosed (Payable to Scanlon Leadership Network)

Please charge my ___ Visa ___ MC ___ AmEx Card Number _____ Expiration _____

Print name as it appears on card _____ Signature _____

Will your company need a room to hold a rally after the conference? ___ Yes ___ No

Mail this form to Scanlon Leadership Network 2875 Northwind Drive Suite 121 East Lansing MI 48823 or Fax to 517/332-9381

Registration Fees
Reception: \$10/person
Conference: Members \$225
Non Members \$450
Tours: Members \$25
Non Members \$50

Please indicate if you plan to participate				It is very important that 1st <i>and</i> 2nd workshop choices are identified. Sessions could be full or cancelled.		SESSION #1		SESSION #2		SESSION #3	
Reception May 11	Conference May 12	Tours May 13	Name (please print clearly)	Title	1st Pick	2nd Pick	1st Pick	2nd Pick	1st Pick	2nd Pick	

Make additional copies as needed and attach