**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Registration (Discounted) Fee\* $100** Includes CDR Leadership Character Assessment, 2-hour session, continental breakfast, and materials. The CDR Risk Assessment & CDR Drivers & Rewards group results will be shared at the session. All individual results can be used later for one-to-one coaching for an additional fee.

|  |  |  |
| --- | --- | --- |
| **LOCATION** | **SESSION**  **DATE:** | **REGISTRATION**  **DEADLINE** |
| **Dallas** | February 10, 2016 | February 2, 2016 |
| **Seattle** | April 13, 2016 | April 4, 2016 |
| **Philadelphia** | July 1, 2016 | June 21, 2016 |
| **Houston** | July 22, 2016 | July 12, 2016 |
| **Oklahoma City** | September 16, 2016 | September 6, 2016 |

1. **Cancellations/Changes and Refunds:**  All fees are non-refundable.
2. **PAYMENT METHODS: CDR accepts Visa or MasterCard payments.** There will be a $25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt will be mailed.

Please check appropriate box: ❒ Check ❒ Money Order

❒VISA ❒ MasterCard

Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp.:\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Cardholder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail or fax completed Registration Form with payment to:**

**CDR Assessment Group, Inc.**

Phone: 281-207-5470

FAX: 281-207-5401

Email: [dsaez@cdrassessmentgroup.com](mailto:dsaez@cdrassessmentgroup.com)

***Please fax or telephone credit card information****. Do not email credit card information because security cannot be guaranteed.*

For additional information, go to [**www.cdrassessmentgroup.com**](http://www.cdrassessmentgroup.com)