

The Four Agreements at Work Workshop
Participant Registration Form

Please fill out the Registration Form completely. Please print or write clearly. Thank you.

First Name _____ Last Name _____

Name you like to be called _____ Name of Employer _____

What is your title or position? _____ How many people do you supervise? _____

Employer Address: Street _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

e-mail (please print clearly) _____

Date of Birth _____ Dates of the Workshop _____

If you could change one thing at work that would allow you to do your best work, what would it be? _____

Are you interested in the 5-day Train-the-Trainer Program? Yes____ No____ Need more information____

A non-refundable deposit of \$195 is required to hold a spot. Full Payment of \$995 (\$895 for 2-4, \$795 for 5 or more) is due prior to the workshop and can be made via check or credit card. If you will be registering as a group of 2-4, please list the names of the others in your group:

Name _____ Name _____

Name _____

Individual members of a group must complete a Registration Form. To register groups of 5 or more, please call us.

Check made payable to: New Agreements, Inc. and mailed to PO Box 2674, Rancho Santa Fe, CA 92067

Visa
 Master Card Card Number _____ Exp. Date _____
 Amex

Name of Card Holder _____ Amount \$ _____

Signature _____

Any dietary concerns? Please explain _____

Any medication you will be taking during this workshop? Please explain _____

Please mail completed form to: New Agreements, Inc. PO Box 2674, Rancho Santa Fe, CA 92067

or

FAX to: New Agreements, Inc. - FAX number: 760-431-7899

If you have questions or need additional information, please contact us anytime at:
Linda Dibble: 760-431-1136 or Linda@TheNewAgreements.com