

COACHING FOR RESULTS ENROLLMENT FORM

Contact Name: _____ Title: _____
Company: _____
Address: _____
Postal Code: _____ Tel: _____ E-mail: _____ Fax: _____

Name & Title:	Number of People Supervising
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Leadership program/s attended earlier	Date & Organization
1. _____	_____
2. _____	_____
3. _____	_____

Enrollment Fee: \$1350/participant + GST

GST # 82052 1607

Enrollments are limited, book your seat/s by faxing this form to 604-940-8035

I am mailing a cheque in the amount of \$ _____ to cover the enrollment of _____ staff.

Please make the cheque payable to Catalyst Training Services Inc.

Location: To be announced.

Dates: Two full-day program held on March 7, 14, 2012, from 8.30 a.m. to 4.30 p.m. **LUNCH PROVIDED**

Cancellation Policy: Substitutions may be made. No shows will be invoiced at full fee.

CATALYST TRAINING SERVICES INC.

Tel: 604-298-5505