

# Ultimate Leadership

Workshop Date:

|   |                  |                      |   |                                  |                |
|---|------------------|----------------------|---|----------------------------------|----------------|
| App date  | Name             | Name Tag             | New<br><input type="checkbox"/>         | Alum<br><input type="checkbox"/> | Intake Person: |
| Address: <input type="checkbox"/> Home <input type="checkbox"/> Organization                            |                  | Name of Organization |   |                                  |                |
| Street:   |                  |                      | City:                                   | State:                           | Zip:           |
| Cell Phone  | Additional Phone | Time Zone            | Email Address:                          |                                  |                |
| How did you hear about Ultimate Leadership?   |                  |                      |   |                                  |                |
| Will anyone you know be attending with you?   |                  |                      | Flag – Not in same group                |                                  |                |
| Any physical limitations?   |                  |                      | Food Allergies or dietary restrictions? |                                  |                |
| Emergency contact person and relationship   |                  |                      |   |                                  |                |
| Phone: Cell <input checked="" type="checkbox"/> Wk <input type="checkbox"/> Hm <input type="checkbox"/> |                  |                      |   |                                  |                |

**Payment information \*FOR OFFICE USE ONLY\***

|  |  |           |                     |                              |
|--|--|-----------|---------------------|------------------------------|
| Credit Card #                                      | Expiration Date:   | Sec Code: | Discount Discussed? | Amount of Discount if given: |
| Billing Name and address (if different from above) |  |           |                     |                              |
| Amount Due   | Payments: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |           |                     |                              |
| \$   | 1 <sup>st</sup> payment due:   | 1.\$      | Date Pd:            | Ck#                          |
|  | 2 <sup>nd</sup> payment due:   | 2.\$      | Date Pd:            | Ck #                         |
|  | 3 <sup>rd</sup> payment due:   | 3.\$      | Date Pd:            | Ck #                         |

**Note special instructions here:**

# ULTIMATE LEADERSHIP

Workshop Date:

|   |  |  |   |       |
|---|--|--|---|-------|
| Name  |  | City   |   | State |
| Organization  |  | Position   |   |       |
| Have you attended other leadership conferences?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | If yes, which one(s)?  |   |       |
| Prior personal growth work?<br><input type="checkbox"/> Y <input type="checkbox"/> N  | Small Group<br><input type="checkbox"/> Y <input type="checkbox"/> N | One-on-one w/therapist<br><input type="checkbox"/> Y <input type="checkbox"/> N                                  | Therapeutic processing group<br><input type="checkbox"/> Y <input type="checkbox"/> N |       |
| Are you being sponsored by your organization?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Is attending the workshop a condition of employment?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |       |
| Marital Status<br><input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed |  | Attending with spouse?<br><input type="checkbox"/> Y <input type="checkbox"/> N                                  | Spouse's Name   |       |
| What age group?<br><input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50 +         |  |  |   |       |

## ISSUES YOU STRUGGLE WITH:

|   |
|---|
| Personal and Professional   |
|   |
|   |
|   |
| Please list any losses you have experienced recently such as a death of a loved one, a job, financial, health, etc: |
|   |
|   |

Reason a discount was awarded: