

Quantum Learning and Leadership in Practice

QLA Leadership Training Program

October 24, 2008
8:30 am – 3:00 pm

QLN Campus, 1938 Avenida del Oro
Oceanside, CA 92056

Registration Form

Participant information:

Please complete all information. If attending with more than one person, photocopy and complete this section for each team member. Send all forms in at the same time.

Name: _____

School/District: _____

Position: _____

Grade: _____

Home Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Billing information:

\$265 (per participant) **\$255** (per participant if registering groups of 5 or more)

Total number of participants attending: _____

Total: \$ _____

Check Enclosed

Purchase Order Enclosed (Number: _____)

Mastercard/Visa/Discover

Card Number: _____

Expiration: _____

Cardholder's Name: _____

Security Validation Code: _____

Signature: _____