

# UNIVERSITY COLLEGE

## Undergraduate Continuing Studies

*Celebrating 60 years of making a difference!*



### LEADERSHIP SEMINAR PROGRAM PAYMENT FORM

Name \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth \_\_\_\_\_ (month/day/year)

Phone (day):(\_\_\_\_) \_\_\_\_\_ (evening):(\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Home address \_\_\_\_\_

Company name and address \_\_\_\_\_

Others registering:(Name and e-mail address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total number of registrants \_\_\_\_\_

Please check off the sessions you will be attending. If you are not attending all 10 sessions, check the sessions you will be attending.

		Leadership			Change Management				Team Development		
		Ws 1 09/06 2005	Ws 2 10/21 2005	Ws 3 11/18 2005	Ws 1 12/16 2005	Ws 2 1/6 2006	Ws 3 02/16 2006	Ws 4 02/17 2006	Ws 1 03/10 2006	Ws 2 04/21 2006	Ws 3 05/12 2006
<input type="checkbox"/> Check ALL	10 Sessions \$2060	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 Sessions \$1416	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 Sessions \$1064	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 Sessions \$840	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 Session \$295	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* There is a one time cost of \$90 if you are attending the Leadership or Team Development Seminar.  
 \*\* 5 or more people from your company - \$177 per session; 10 or more people from your company - \$148 per session.  
 However, they all must attend 10 sessions.

Credit card \_\_\_\_\_ Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Amount Charged \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Or  
 Check Enclosed \_\_\_\_\_ Amount \_\_\_\_\_

Mail form & payment to: Amy Barth  
 Saint Joseph's University College  
 5600 City Avenue  
 Philadelphia, PA 19131