

Application for Retreat 5: Leadership Mastery

Name _____ Date: _____

Address _____ City _____

State/Province _____ Country _____ Zip Code _____

Home Phone _____ Office Phone _____

Cell Phone _____ Email _____

Program for which you are applying:

_____ February 5-10, 2008 _____ June 17-22, 2008 _____ October 14-19, 2008

Program Fees: The total cost is \$2,500. USD. This cost includes tuition, meals and residential fees for 6 days and 5 nights, beginning at 11 AM Tuesday and ending at 3 PM Sunday. Participants are responsible for their own transportation to and from the retreat center.

Registration: A \$500 deposit must be received to secure a space in the program and is payable by check or major credit card. This amount will be applied toward fees in the event of a cancellation or transfer (cancellation and transfer policy below). Program balance is due and payable three weeks before the program start date.

Location: February 5-10, 2008 Marconi Conference Center in Marin County, California (www.MarconiConference.org)
June 17-22, 2008 and October 14-19, 2008; TBA

Prerequisite: Completion of the Co-Active Leadership Program (all four retreats).

_____ Deposit check enclosed – PAYABLE TO: The Coaches Training Institute

_____ Charge my credit card (VISA, MasterCard, American Express, Discover) for deposit

Card# _____ Exp Date: _____

Signature _____

Individual Cancellation/Transfer Policy:

Each participant will be charged a \$200 processing fee if they elect to cancel or transfer from this program more than 60 prior to program start date. This fee increases to \$350 for cancellations or transfers 30-60 days prior to program start date. The \$500 deposit is forfeited for cancellations or transfers less than 30 days before program commencement.

Mail, fax, or email this completed form directly to the Leadership office, or call the office to register over the telephone. Please do not email credit card information.

The Coaches Training Institute/Co-Active Leadership Program
4000 Civic Center Drive, Suite 500, San Rafael, CA 94903

Telephone: 415-451-6000 Fax: 415-472-1204 Email: leadership@thecoaches.com

Thank you for your registration in Co-Active Leadership Retreat 5: Leadership Mastery! Upon receipt of the deposit we will mail you an acknowledgement letter and payment agreement for the balance. Please feel free to call our office with any questions you may have. Office hours are Monday-Friday, 8:00 AM – 4:30 PM Pacific Time.