

## Registration Form for 2005:

## **Personal Information:**

| First Name:                |  |
|----------------------------|--|
| Last Name:                 |  |
| Company:                   |  |
| Address:                   |  |
|                            |  |
| City, State, Zip:          |  |
| Contact Phone:             |  |
| How did you hear about us? |  |
| near about us:             |  |

## **Please Select a Program:**

| Program  | Cost (USD) | Check Here |
|--|------------|------------|
| Green Belt, One Week                           | \$2,250.00 |            |
| Black Belt, Four Session (includes Green Belt) | \$8,950.00 |            |

## **Payment:**

Make checks payable to: Dartmouth College

Please mail your check and registration form to:

Prof. Ron Lasky Six Sigma at Dartmouth College 8000 Cummings Hall Hanover, New Hampshire 03755