

REGISTRATION FORM

THE SHADOW PROCESS WORKSHOP

COPENHAGEN, DENMARK (JANUARY 22-24, 2010)

Registrant's Name	
Street Address	
City, State, Country, Zip	
Preferred Phone Number	home office cell (circle one)
Email (printed clearly)	
How did you hear about the training?	
What are two qualities you'd like to deve	elop as a result of your participation in this workshop?
1	2
What is the #1 goal you'd like to achieve	e as a result of your participation in this workshop?
	al of a completed <i>Program Application</i> prior to attendance is stitute to charge my credit card as follows:
(initial below)	
\$995 early registration fee	e (on or before December 15 th) or \$1195 registration fee
Visa MasterCard American Express	Discover (circle one)
Credit Card Holder Name (if different th	an registrant)
Number	Expires 3-digit code
Signature of Card Holder	
Meals included- Please select your prefer	rence: Regular Vegetarian (circle one)

THE FINER DETAILS - When your *Registration Form* is received, a *Welcome letter* and *Program Application* will be emailed to you. Your participation in the workshop is not confirmed until you have returned a signed *Program Agreement* to *The Ford Institute* and your credit card has been charged. Cancellation Policy: If written notice of your cancellation is made prior to the first day of instruction, you have a right to a full refund, less the non-refundable and non-transferable amount of \$100. *The Ford Institute* may cancel or reschedule courses at its discretion and will not be responsible for costs that may be incurred for such changes. If you have any questions or need any further information, please call +1.800.780.9198 x 703 or email admissions@thefordinstitute.com

Please fax this form to 800.975.6879 (outside the U.S. +1 619.754.9830) OR scan and email to admissions@thefordinstitute.com

Founded by Debbie Ford

www.DebbieFord.com/Institute