



Leadership Training Web Casting Registration Form

Name: _____

School: _____

Street Address: _____
(for UPS Shipments)

Mailing Address (P.O. Box): _____

City: _____ State: _____ Zip: _____

School Telephone: _____

School FAX Number: _____

E-Mail Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Registration Fee: \$100 (fee includes a course manual mailed to you)

Course(s) you are registering for:

____ 501 Mondays - April 5 and 12
____ 502 Wednesdays - April 7 and 14
____ 504 Thursdays - April 8 and 15

Payment Method:

____ **Check**

Make check payable to NIAAA

____ **Credit Card**

____ MC ____ Visa ____ Am Express

Name on Card _____

Credit Card # _____ - _____ - _____ - _____

Expiration Date _____

Registration Deadline for all classes: March 12, 2010

If paying by check, mail to: **NIAAA, Attn: Patty Conrad, 9100 Keystone Crossing, Suite 650, Indianapolis, IN 46240**
If paying by credit card, fax to: **317-587-1451, Attn: Patty Conrad**