

RELATIONAL LEADERSHIP TRAINING

Spring Workshop: June 15, 2011

Registration Form

Name: _____

Title: _____

Organization: _____

Work Address: _____

(City)_____
(State)_____
(Zip)_____
(Work Phone)

E-mail Address: _____

Program dates and tuition. Please mark your calendars now!**Date:** June 15, 2011 8:00am – 5:00pm**Tuition:** \$125 per participant**Location:** Clackamas County Public Safety Training Center
12700 SE 82nd Ave. Clackamas, OR 97015**Method of payment** *(Note: Travel, meals, and lodging are not included in this fee.)* Check is enclosed Please send me an invoice. Wire Transfer/ACH Credit Card (circle one): Visa M/C _____

(Number)

(Exp.)

(Invoice to / Cardholder name – if different from above)

(Phone)

(Billing address / E-mail address – if different from above)**Please mail or fax to:**Center for Public Service
Hatfield School of Government
PO Box 751 **PA-ELI**
Portland, OR 97207-0751

Phone: 503-725-8261

Fax: 503-725- 5111

Email: schmidjl@pdx.edu

*Registration and payment are due by **June 3, 2011** to guarantee placement. Cancellations received 30 days prior to the first day of the workshop will receive a full refund minus a \$100 administrative fee. Cancellations received 15 days prior to the first day of the workshop will receive a 50% refund minus a \$100 administrative fee. Agencies may substitute participants at their discretion.*

The course may be canceled if there are uncontrollable circumstances, including low enrollment or other events that are unforeseen.