



Registration Form

Year _____ Spring Fall

Date Completed: _____

Participant and Supervisor Information

Name: _____

Company: _____

Company Address: _____

Day Phone: (_____) _____

Fax: (_____) _____

E-mail: _____

Job Title: _____

Supervisor: _____

Title: _____

Day Phone: (_____) _____

E-mail: _____

Payment Information

- Pay by Direct Deposit.** Please call our office at (919) 969-9901.
- Check enclosed.** Please make payable to DRAKE & Associates, Ltd.
- Pay by Credit Card.** Please call our office at (919) 969-9901. We accept Visa, Master Card and American Express.
- Invoice my Company.** Send the invoice to _____ at the following address: _____.

Please Fax this form to DRAKE & Associates, Ltd. at (919) 969-9901 or mail to 82112 Ehringhaus, Chapel Hill, NC 27517. Should you have any questions about the **Certificate in Leadership** program, please contact a DRAKE representative at (919) 969-9901 or info@drakehr.com.

