

**Virtues Consulting /Watters & Associates
COURSE REGISTRATION**

_____ ♦
Name (one per form)_____

♦
♦
REGISTRATION:

Position_____

Organization_____

GROUP DISCOUNT:

Address_____

CANCELLATION POLICY

City_____

State/Province_____ **Zip/Postal Code**_____

Home Phone_____

Work Phone_____

Fax_____

E-mail_____

Special Needs_____

How did you hear of these courses?_____
