



# 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.

**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](mailto:info@drakehr.com).

