

REGISTRATION

For registration information, call toll free (877) 712-8778. Tuition includes all conference materials, general and concurrent sessions, continental breakfast, a lunch, and a reception. We offer **three** easy ways to enroll: **(1) FAX** to (858) 646-3450; **(2) ONLINE** at www.governanceinstitute.com; **(3) MAIL** to *The Governance Institute, 6333 Greenwich Drive, Suite 200, San Diego, CA 92122.*

TUITION FEES FOR LEADERSHIP CONFERENCES

The Governance Institute Members

Free Member Annual Passes # _____

Member fee 60 days before the conference # of persons _____ x \$1,450 = \$ _____

Member fee within 59 days of the conference # of persons _____ x \$1,550 = \$ _____

Non-Members

Non-member fee 60 days before the conference # of persons _____ x \$1,650 = \$ _____

Non-member fee within 59 days of the conference # of persons _____ x \$1,750 = \$ _____

Total Amount Enclosed \$ _____

Total Number of Attendees # _____

PLEASE SELECT ANY OF OUR 2008 & 2009 LEADERSHIP CONFERENCES TO REGISTER:

- September 14–17, 2008, *The Broadmoor, Colorado Springs, CO*
- October 19–22, 2008, *The Greenbrier, White Sulphur Springs, WV*
- November 9–12, 2008, *La Costa Resort and Spa, Carlsbad, CA***
- January 11–14, 2009, *The Ritz-Carlton, Naples, Naples, FL*
- February 8–11, 2009, *The Breakers, Palm Beach, FL*
- March 8–11, 2009, *The Ritz-Carlton, Lake Las Vegas, Henderson, NV*
- April 5–8, 2009, *The Phoenician, Scottsdale, AZ*
- May 3–6, 2009, *Pinehurst Resort, Pinehurst, NC*

5

5 FREE Annual Passes for Members

Method of Payment: Please Print

- Check enclosed (Payable to *The Governance Institute*)
- VISA MASTERCARD

Credit Card Number _____

Card Holder's Name _____

Expiration Date _____

Signature _____



Organization information: Please print.

Organization Name _____

Name of CEO _____ Contact Person _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Names and titles of those attending the conference: Please photocopy and fax any additional names. Please print.

1. First Name _____ Last Name _____ Suffix _____ Title _____ Special Needs

First Name (as it should appear on name badge) _____ Companion's Name (as it should appear on name badge) _____

2. First Name _____ Last Name _____ Suffix _____ Title _____ Special Needs

First Name (as it should appear on name badge) _____ Companion's Name (as it should appear on name badge) _____

3. First Name _____ Last Name _____ Suffix _____ Title _____ Special Needs

First Name (as it should appear on name badge) _____ Companion's Name (as it should appear on name badge) _____

Cancellations

The tuition, less a \$250 administration fee per attendee, will be refunded if the cancellation is received in writing (via mail, e-mail, or fax) 30 days or more prior to the beginning of the conference. For cancellations received less than 30 days or more prior to the conference, the tuition, less the administration fee, will be applied toward a future conference within one year. No-shows (cancellations within 72 hours of the conference) cannot be refunded or transferred to another conference (including member passes).