

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 \$1,750 = \$ _____

Non-member fee within 59 days of the conference # of persons _____ x \$1,850 = \$ _____

Total Amount Enclosed \$ _____

Total Number of Attendees # _____

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 _____

PLEASE SELECT ANY OF OUR 2009 LEADERSHIP CONFERENCES:

- January 11–14, 2009, *The Ritz-Carlton, Naples, Naples, Florida*
- February 8–11, 2009, *The Breakers, Palm Beach, Florida***
- March 8–11, 2009, *The Ritz-Carlton, Lake Las Vegas, Henderson, Nevada*
- April 5–8, 2009, *The Phoenician, Scottsdale, Arizona*
- May 3–6, 2009, *Pinehurst Resort, Pinehurst, North Carolina*
- September 13–16, 2009, *The Broadmoor, Colorado Springs, Colorado*
- October 18–21, *The Greenbrier, White Sulphur Springs, West Virginia*
- November 8–11, 2009, *Grand Hyatt Kauai Resort and Spa, Kauai, Hawaii*



Please call **(877) 712-8778** for registration information for the 2009 Chairperson & CEO Conference at The American Club in Kohler, Wisconsin, held **May 31–June 2.**

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 print. Please photocopy and fax any additional names.

1. First Name	Last Name	Suffix	Title	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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 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).