



Theatre  
Communications  
Group

# Trustee Leadership Network

## REGISTRATION FORM

Name of Trustee \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address\* \_\_\_\_\_

Name of Member Theatre \_\_\_\_\_

\*--required to receive TCG Bulletin

Please enroll me as a member of the Trustee Leadership Network:

My check for \$100 payable to **Theatre Communications Group** is enclosed.

Please charge my credit card:     VISA     MasterCard     American Express

Name as it appears on card: \_\_\_\_\_

Account Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Return to: **Jen Cleary, Director of Membership**  
TCG, 520 Eighth Avenue, 24th Floor, New York, NY 10018-4156