



## NON-MEMBER REGISTRATION FORM

You can type your information directly into this form.

### Theatre/Dance Company:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

### Artistic Leader:

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name on Badge (if different from above): \_\_\_\_\_

I have special dietary needs: \_\_\_\_\_

I need special accommodations due to a disability: \_\_\_\_\_

### Managing/Executive Leader:

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name on Badge (if different from above): \_\_\_\_\_

I have special dietary needs: \_\_\_\_\_

I need special accommodations due to a disability: \_\_\_\_\_

### Payment:

**NON-MEMBER REGISTRATION: \$600/team (\$850/team of 3)**

*Registration fee covers all course materials for both attendees, two breakfasts, one lunch, one dinner and coffee breaks. All registrations are subject to a \$100 cancellation fee. No refunds after February 8, 2008.*

**Payment Method:**  Check\*  Visa  MasterCard  American Express

*\*Make checks payable to Theatre Communications Group. Please write "Dual Leadership" in the memo line.*

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address (if different from theatre address): \_\_\_\_\_

## Registration Deadline: Friday, January 18, 2008

**By Fax (preferred):** (212) 609-5901, Attn: Chris Shuff

**By Mail:** Chris Shuff, Director of Management Programs

Theatre Communications Group • 520 Eighth Ave., 24<sup>th</sup> Floor • New York, NY 10018-4156