



**Registration Information**  
**Accelerating Resolution of Critical Business Issues**

**Workshop Date:** Sept. 24, 2002

**Location:** Batterymarch Conference Ctr.  
Boston, MA

**Register** for this upcoming **workshop** by phone or by completing a copy of this page for each participant and return form(s) with payment to:

**MAIL:** Brenda Dowst, CA Community Development Director, Collaborative Action Technologies,  
45 Route 11, Sunapee, NH 03782

**PHONE:** (603) 863-3986 **FAX:** (603) 863-0801 or email to: [bdowst@collaborativeaction.com](mailto:bdowst@collaborativeaction.com)

PARTICIPANT'S NAME \_\_\_\_\_

TITLE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Tuition and Registration Options** *(Check the option that applies to you.)*

- \_\_\_ Individual workshop attendee **\$950.00 per person**
  - \_\_\_ Multiple attendees – the above for two or more from the same company **\$900.00 per person**
  - \_\_\_ (We extend a \$50 discount per person who register and prepay simultaneously)
  - \_\_\_ Community of Friends member : YES \_\_\_ NO \_\_\_
  - \_\_\_ Name of your colleague(s): \_\_\_\_\_
- (Please complete a separate Registration Form for each Participant)

**Payment Information**

Seats are guaranteed with full payment due 10 business days prior to the start of a program unless arranged otherwise.

\_\_\_ Check enclosed for \$ \_\_\_\_\_. Make checks payable to Collaborative Action Technologies, Inc. (Please apply appropriate discounts)

\_\_\_ Invoice company, P.O. # \_\_\_\_\_ (Payment must be received in the time frame noted for guaranteed seating and discounts to apply.)

\_\_\_ Credit Card: \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp.Date: \_\_\_\_\_  
(Visa, Discover, Master Card, American Express )

\_\_\_ Card Name and Billing Address: \_\_\_\_\_