

For office use only:

Please return completed form to:  
 Yolanda Williams  
 yolanda@haas.berkeley.edu  
 +1.510.643.5246

**General Participant Information**

Program name \_\_\_\_\_

Program dates \_\_\_\_\_ to \_\_\_\_\_ Today's date \_\_\_\_\_

Company \_\_\_\_\_

**Individual Information**

| Participant name | Title or position | Email address | Phone number |
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**Company Information (for groups)**

Person coordinating the program:

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

We would like one consolidated bill sent

**Payment Information**

Preferred Payment Method:

**By Credit Card**  
 (You will be contacted with instructions)

**By Invoice**  
 Please provide any additional information required to submit the invoice (e.g. P.O. number):  
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