

## **REGISTRATION FORM**

Registration is **limited to the first 30.** 

All participants are encouraged to register for all four sessions as each workshop builds on the one previously held. However, we understand that time-constraints do occur, so if your schedule does not allow the time for all four, you can register for one or more.

DECEMPY TOWEDS

	OOAM - NOON akfast provided at 7:30am	REGISTER BY	TUESDAY, JANUARY 2, 2018
Company Name			
Company Phone Number			
Registrant Name			
Email			
PLEASE CHECK THE BOXES FOR EACH SESSION YOU WISH TO REGISTER FOR  01.18 TIME MANAGEMENT - "Increasing Your Personal Effectiveness"  02.21 CORE COMMUNICATIONS - "Best Practices and Interpersonal Skills"  03.15 ESSENTIALS OF LEADERSHIP - "Frontline Managers and Supervisors"  04.18 COACHING AND COUNSELING - "Improving Performance"			
	I AM A MEMB \$35 per sess \$125 for 4 se	sion X Sessions	\$75 per session X Sessions \$275 for 4 sessions
PAYMENT METHOD:			
☐ DEBIT/CREDIT CARD		П	CHECK
Name on Credit Card Card Number			se make checks payable to:
Expiration CCV	7in Code		CNA Greater Chicago
Expiration CCV	Zip Code	Tota	al amount enclosed:
Total amount to charge:			

PLEASE SEND REGISTRATION FORM AND PAYMENT TO:

1415 West 22nd Street, Suite 1200 Oak Brook, IL 60523-8433 Call: 708-544-7007

Email: Laurie@SmacnaGreaterChicago.org