

ADVANCED LEADERSHIP ACADEMY



ATTENDEE INFORMATION

Name _____ Title _____

Email Address (required) _____ Telephone _____

ORGANIZATION INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip _____

REGISTRATION FEES

- Single Enrollment Paid in Full – \$2,600
- Installment payments – \$900 (due at registration), \$900 (1/23) and \$800 (5/27)

PAYMENT INFORMATION

- Option 1: Bill my institution.
- Option 2: Enclosed is my check payable to IHA in the amount of \$ _____

OFFICE USE ONLY
Program # 125-5130-206321
Date Received _____
Fee Amount \$ _____
Check # _____
Check Total \$ _____