

TARGET LEARNING, INC.

Registration Form for Business, Government & Non-Profit Organizations

(Print this form or to register on-line [click here](#))

DATE: _____

Company/Agency Name: _____

Contact Person: _____ Title: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Street Address: _____

City, State, Zip: _____

Please check the appropriate box and circle the preferred number of hours*

Seminars

Circle Preferred Hours

- | | | | | | |
|--|---|---|----|----|-------|
| <input type="checkbox"/> Target Learning | 6 | 8 | 12 | 20 | Hours |
| <input type="checkbox"/> Target Management | 4 | 6 | 8 | 12 | Hours |
| <input type="checkbox"/> Target Reading | 6 | 8 | 12 | | Hours |
| <input type="checkbox"/> Target Writing | 4 | 6 | 8 | | Hours |
| <input type="checkbox"/> Target Thinking | 4 | 6 | 8 | | Hours |
| <input type="checkbox"/> Target Memory | 4 | 6 | 8 | | Hours |
| <input type="checkbox"/> Target Listening | 4 | 6 | 8 | | Hours |

* A formal seminar agreement detailing rate, location and time will be created for each employer-sponsored seminar.

Seminar Participants

Last Name, First Name	Job Title	Phone or E-Mail
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____