

TRIPLE IMPACT PRACTITIONERS PROGRAM IN  
THE MANAGEMENT OF CHANGE

REGISTRATION FORM (REV. 11/09)

You may use this form to mail your tuition or you can register and pay on-line at [www.CHumanS.com](http://www.CHumanS.com)

Location of the program you want: \_\_\_Columbia \_\_\_San Francisco \_\_\_Las Vegas

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

AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ RACE (OPT): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_

BILLING INFORMATION (IF DIFFERENT): \_\_\_\_\_

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

COMPANY NAME: \_\_\_\_\_

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EDUCATIONAL BACKGROUND:

CHANGE MANAGEMENT EXPERIENCE:

WHAT DO YOU WANT TO TAKE FROM THIS PROGRAM?

Mail this form with your check for the tuition due to  
TRIPLE IMPACT PROGRAM C/O MICHAEL F. BROOM, PH.D.  
10628 HIGH BEAM COURT  
COLUMBIA, MARYLAND 21044

- ( ) Check if you want to pay the full tuition of **\$3500.00** now
- ( ) Check if you want to pay **\$600** now to hold your place and the remainder prior to the start of the program
- ( ) Check if you want to pay **\$600** now and a payment plan to pay off any balance by the end of the program
- ( ) Check if you want the discount for having successfully supported another person (their name: \_\_\_\_\_) to register, deduct \$200.00 for a tuition of **\$3300.00**
- ( ) Check if you to send your employer an invoice. Please make sure the above information is filled out with your company's information

**Register NOW. Seats are limited and will be filled on a first come first serve basis!**