



Strategy Management Group

975 Walnut Street, Suite 360
 Cary, North Carolina 27511 USA
 Phone: 919.460.8180 Fax: 919.460.0867
 www.balancedscorecard.org

Course Registration/Confirmation

Please print this form, fill out completely and **FAX to (919) 460-0867** or mail to the address shown above. A confirmation number and receipt will be sent to you via email.

Course Title: _____

Course Date(s): _____ **Course Location:** _____

How did you first hear about us? _____ ***= required field**

First Name:		Last Name:			
Nickname or name as it would appear on badge:					
Full name for certificate upon course completion:					
Company/Organization:					
Job Title:			Government? _____	Nonprofit? _____	
Address 1:					
Address 2:					
City:		State/Prov:	Mail code:	Country:	
Phone:		Fax:		Cell:	
Email address:			Gender: Male _____ Female _____		
Coordinator / Training Contact:				Phone:	
Coordinator / Training Contact Email:					
Dietary needs:			Personal Accessibility needs:		

Payment Method: (please circle one)

Credit Card: Visa MasterCard Am. Exp. Discover	Purchase Order	Training Authorization Form	Electronic Funds Transfer	Check	Other
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Credit Card Number: _____
Expiration Date: _____ **CID (last 3 digits on back of card)** _____

NOTE: YOUR RECEIPT WILL SHOW "STRATEGY MANAGEMENT GROUP" AS THE PAYEE.

The following refund policy applies: three weeks or more before the start of the event – full refund, minus \$100 administration fee; less than two weeks before the event – credit towards an upcoming course. Other policies are listed on our web site at <http://www.balancedscorecard.org/policies>.