

## 2010 BEHAVIORAL STUDIES - REGISTRATION FORM

(Print or Type Full Name)		(E-mail Address)	
(Company or Organization Name)		(Birthday – month & day)	
(Home Address)			
(City)	(State or Province)	(Zip or Postal Code)	(Country)
(Day Phone)	(Evening Phone)	(Cell Phone)	(Fax No.)

### ALL TRAINING HELD IN ATLANTA, GA

**Please Check the Dates that You Would Like to Attend...(Dates are subject to change)**

<input type="checkbox"/> <b>March 22, 23, 2010 - Behavioral Studies</b>	<input type="checkbox"/> <b>March 24, 25, 2010 - Behavioral Studies Train-the-Trainer</b>
<input type="checkbox"/> <b>July 19, 20, 2010 - Behavioral Studies</b>	<input type="checkbox"/> <b>July 21, 22, 2010 - Behavioral Studies Train-the-Trainer</b>
<input type="checkbox"/> <b>October 4, 5, 2010 - Behavioral Studies</b>	<input type="checkbox"/> <b>October 6, 7, 2010 - Behavioral Studies Train-the-Trainer</b>

### SALE PRICES CONTINUE!

**(Training begins at 8:30 AM)**

		1 <sup>st</sup> Person	2 <sup>nd</sup> Person	
<input type="checkbox"/> Behavioral Studies (Days 1 & 2 only)		<del>\$895</del> <b>\$795</b>	<del>\$695</del> <b>\$595</b>	<b>\$495 Non-refundable deposit per person is required at the time of registration - the balance is due 10 days prior to training date.</b>  <b>**If all 4 days taken within 12 mos. of original training date.</b>
<input type="checkbox"/> Behavioral Studies Train-the-Trainer (Days 3 & 4)		<del>\$1295</del> <b>\$1095</b>	<del>\$995</del> <b>\$795</b>	
<input type="checkbox"/> Behavioral Studies + Train-the-Trainer ** (Days 1-4)		<del>\$1990</del> <b>\$1195</b>	<del>\$1490</del> <b>\$995</b>	
<input type="checkbox"/> Consultant Refresher (Any or all days)		\$495	\$495	
<b>TOTAL COST</b>	<b>\$</b>			

I would like to pay: \$ \_\_\_\_\_ \$495 Deposit or Entire Amount of: \$ \_\_\_\_\_

My check in the amount of: \$ \_\_\_\_\_ is being mailed to: **P.O. Box 28592, Atlanta, GA 30358-0592**

Please Charge My:  AMEX  DISCOVER  MASTERCARD  VISA

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on card (please print): \_\_\_\_\_ 3-4 digit Sec Code \_\_\_\_\_

**1616 ROSWELL ROAD – MARIETTA, GA 30062-3619 – PH: (800) 509-3472 – FAX: (770) 509-1484**

**EMAIL: [info@personalityinsights.com](mailto:info@personalityinsights.com)**

<p>Download the Registration Form from <a href="http://www.personalityinsights.com">www.personalityinsights.com</a> . Complete the Form...</p>	THEN	<p>E-Mail the Registration Forms to the E-Mail Address Listed Above <b>(for your security, call in your credit card number, don't email it)</b></p>	OR	<p>Fax the Registration Form to (770) 509-1484</p>	OR	<p>Mail the Registration Form to the Address Listed Above</p>
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*Terms and conditions are subject to change at the sole discretion of Personality Insights*