**MEETING REGISTRATION**

**BREAKTHROUGH PERFORMANCE FOR MANAGERS**

**November 1-3, 2018**

**Halcyon Hotel | Denver, CO**

 **ATTENDEE INFORMATION**

**Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attendee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Dietary Restrictions:**

 **PAYMENT INFORMATION**

**[ ]  Vegetarian** **[ ]  Kosher** **[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration Fee: $2,750 per person** Includes 3 nights’ accommodation, cocktail reception Thursday evening, food and beverage all day Friday and breakfast and lunch on Saturday

[ ]  **Check enclosed in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Payable to: Hummingbird Associates

**Check payments:** Mail registration to Hummingbird Associates, P.O. Box 10279, Bainbridge Island, WA 98110

[ ]  **Credit card payment in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_**

 MasterCard/Visa Number:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ 3 Digit Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipts emailed upon processing

 Credit Card Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit card payments:** Email registration to Courses@HummingbirdAssociates.com