**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](mailto:Courses@HummingbirdAssociates.com)