



2005 Strategic Leadership Registration Form

TARAMAKI™

May 11th, Dr. Jay Conger: *Leveraging the Spotlight of Leadership*
 May 18th, Daniel Goleman : *Emotionally Intelligent Leadership*

We would like to invite you to participate in the *2005 Spring Strategic Leadership Series*, **live** and **interactive** via satellite. These programs will add significant value to your people by exposing them to some of the greatest and most influential marketplace leaders in the world.

Space is **limited** so please register as soon as possible to reserve your seat. You can register by calling **(514) 845-3535** or **1-866-765-3535** or by email. You may also fill out this registration form and submit it by mail or fax (Mailing address below). We look forward to seeing you at our next event!

Name: _____

Title: _____

E-mail: _____

Company Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone: () _____

Purchase Options (Check One)	Quantity		Price	Total
<input type="checkbox"/> May 11 th , Dr. Jay Conger: <i>Leveraging the Spotlight of Leadership</i>		x	\$119.00 each	\$
<input type="checkbox"/> Corporate Block of 10 Tickets Dr. Jay Conger		x	\$1090.00 group rate	\$
<input type="checkbox"/> May 18, Daniel Goleman <i>Emotionally Intelligent Leadership</i>		x	\$119.00 each	\$
<input type="checkbox"/> Corporate Block of 10 Tickets Daniel Goleman		x	\$1090.00 group rate	\$
<input type="checkbox"/> Special Discount Rate SERIES (All 2 Events)		x	\$198.00 each	\$
<input type="checkbox"/> Special Corporate Discount Rate SERIES (10 tickets for All 2 Events)		x	\$1,900.00 group rate	\$
			Sub-Total	\$
			GST (Subtotal x 1.07)	\$
			PST((Subtotal + GST) x 1.075)	
			Total	\$



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Payment Method:

- ☐ **Cheque:** Amount for \$ _____ enclosed (Payable to Taramaki Inc.)
- ☐ **Visa #** _____ **Cardholder Name:** _____
- ☐ **MasterCard#** _____ **Cardholder Address:** _____

Expiry Date _____ / _____

Signature: x _____ **Telephone:** _____

** Payment must be received upon Registration. Payment is by VISA, MasterCard or Cheque. Fees include all program materials, food and refreshments.**

How did you hear about this program? (Check One):

- ☐ Newspaper Ad ☐ Flyer
- ☐ Email ☐ Referral
- ☐ Website ☐ Other (specify) _____

Registering by phone, fax or e-mail. Please forward filled registration form to the following address:

Taramaki Inc.
1560 rue Beaulac
St. Laurent, Quebec, H4R 1W8
Telephone: (514) 845-3535 Toll-Free: 1-866-757-3535
Fax: (514) 227-5208
E-mail: montreal@oosd.com

Do you have any special dietary requirements? (Check One):

- ☐ Yes ☐ No (specify) _____

Do you need a headset for the simultaneous French translation? (Check One):

- ☐ Yes ☐ No

Cancellation Policy: Full refunds, less a \$50 administration fee, will be available up to 15 business days prior to the start of the event. Cancellations received within 15 business days prior to the event will not be eligible for a refund. Refunds will not be available for registrants who choose not to attend an event. Substitutions are welcome at any time.

Taramaki is the OOSD business partner in Montreal.