

Date of Course: _____

ALL FIELDS REQUIRED

First & Last Name: _____

Age: _____ Gender: _____

Organization: _____

Title: _____

Address: _____

Daytime Phone: _____

City: _____ State: _____ Zip: _____

Evening Phone: _____

Country: _____

Mobile Phone: _____

Email: _____

Name for your nametag: _____

How did you learn of this program?: _____

My main purpose in attending this program is:

The Power Lab can at times be a stressful experience. If you have serious concerns about your ability to handle stress, such as confrontations and living with ambiguity, contact us at +1 617.437.1640 to discuss your concerns and to see if the Power Lab is right for you.

The fee for this program is \$10,000 (US). This covers tuition, materials, and living costs. A \$1,000 non-refundable deposit must accompany this application and you will need to bring an additional \$30 (US) in cash for use in the program. **Please fax this application to +1 617.437.6713 no later than six weeks prior to the program start date.**

Transfers, Substitutions, Cancellations: All transfers, substitutions, and cancellations must be received in writing. Transfers made at least 30 days prior to the program start date are not subject to a fee; transfers made 30 to 7 days prior to the start date will be charged \$250. No transfers will be approved less than 7 days before the start date; in such a case you will be charged as a cancellation and forfeit the full fee. Substitutions can be made at any time at no charge. Cancellations made within 30 days of the program start date will be charged one-half the fee, except for cancellations made 7 days or less prior to the program start date which will be charged the full fee.

Note: Power + Systems reserve the right to cancel any program. Power + Systems will not be responsible for travel-related cancellation or change fees.

PAYMENT:

Amount to be charged: \$ _____ Amex MC Visa

Card Number: _____ Exp. Date: _____

Name on card: _____ Security Code: _____

I have completed this application to the best of my ability, and by providing my signature below, I agree to these terms and conditions.

Signature: _____ Date: _____