

**Enrollment Form** 

## <u>Class 82</u>

Please Clear These Dates on Your Calendar Now: Monthly Sessions: Wednesday and Thursday, September 14 & 15; Thursdays: October 6; November 10; and December 1, 2011; January 12; February 2; March 1 and April 5, 2012.

Please type or print your enrollment form. All forms are confidential. To ensure that classes reflect the diversity of the community, you are asked to specify your gender, race, and/or ethnicity (these questions are optional).

## PERSONAL

Name					(14.7.)
Nickname (Last) (for Name Badge)	-				(M.I.)
Date of Birth	Male/Female		Race/Ethnicity		
Emergency Contact					
Any physical limitations? If so please describe	2			(Telephone Number)	
Dietary Restrictions? If so, please describe					
EMPLOYMENT					
Present Employer				_ Date Began	
Business Mailing Address					
City	State	ZIP	Email		
Business Phone	Cell Phone		т	itle/Position	

## PHOTOGRAPH

A digital head-and-shoulders portrait photograph, which will be used for publicity purposes, should be submitted electronically to <u>kathy.panter@ideastoresults.org</u>, or call Kathy Panter at 407.835.2499.

## **ENROLLMENT AGREEMENT**

I have cleared my calendar on the appropriate dates and I will attend the Orientation Sessions and at least six of the remaining sessions to complete the program. *I also understand that, unless other arrangements have been made, the program tuition is due upon enrollment, and must be paid in full prior to the Orientation Session; and that I am personally responsible for any portion of the tuition not paid by my employer.* To discuss payment arrangements, please contact Kathy Panter at 407.835.2499. By enrolling in *Leadership Orlando* I am confirming my employer is aware of the work release time required and endorses the application.

Signature				Date						
Tuition for CURRENT INVESTORS of Orlando, Inc. or the <i>Central Florida Partnership</i> : Tuition for NON-INVESTORS of Orlando, Inc. or the <i>Central Florida Partnership</i> :						(\$195 of your tuition will be allocated to Leadership Alumni.)				
Cancellations after Friday, August 19, 2011, will incur a \$500 fee.										
Payments submitted v • Check Enclosed Account No.	O Invoice me	Bill my: O VISA	O MasterCard	•	an Expres	ss O Discover				
Signature						_				
Make checks payable to: <i>Central Florida Partnership</i> Please FAX or e-mail enrollment form and then mail original to:			al to:	Leadership Orlando Attention: Kathy Panter P.O. Box 1234 Orlando, FL 32802-1234 <b>FAX: 407.835.2500</b> E-Mail: <u>kathy.panter@ideastoresults.org</u>						