



PsychTech **REGISTRATION FORM**

The DISC Approach to Managing Strengths Workshop

March 11-12, 2008

Sponsor: Mitchell Motivation

Name Card Preference: _____

Organization: _____

Position/ Title _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax #: _____

Email Address required: _____

Once your payment has been received you will receive an email notice verifying your payment along with other access code information.

Payment must be received BEFORE: **Friday, March 7, 2008**

☐ Check enclosed: (Payable to PsychTech, Inc.)

☐ **Visa** ☐ **MasterCard** ☐ **American Express** (Please check one)

Credit Card Number: _____

Expiration Date: _____

Name that appears on your Credit Card: _____

Authorized signature required: _____

Credit Card Mail Address: (if different from above)

Location of workshop:

Corporate Headquarters Aquascape Designs

901 Aqualand Way
St. Charles, IL 60174

PsychTech, Inc.

www.psychtech.com info@psychtech.com

781-929-6421 FAX 401-245-3646