



**XAVIER LEADERSHIP CENTER
COURSE REGISTRATION**

Date: _____ Course: _____

Number Attending: _____ Course Cost: _____ Total Cost: _____

Contact Information

Name: _____

Title: _____

Company: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax _____

Email _____

Method of Payment

Invoice (see below)

Check (Made Payable to Xavier Leadership Center)

Amex Mastercard Visa Discover

Card Number: _____ Ex. Date _____

Signature _____

Send Invoice To

Name _____

Department _____

Purchase Order Number _____

How did you hear about us?

- Brochure Website
- Colleague Radio Ad
- Email Newspaper Ad
- Newsletter Google
- Other

Join our mailing lists (check all that apply)

- Accounting and Finance
- Managers and Supervisors
- Personnel and Human Resources
- Senior Executives
- Women's Programs
- Training Decision Makers
- Customer Service
- Quality Management

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