



# NSMG Leadership Training Program Registration Form

Marlborough, MA  
October 1, 2011

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_  CPSM  CPSD  C.P.M.  A.P.P.

Nickname (For Badge) \_\_\_\_\_

Please enter your ISM ID#

Affiliate Name \_\_\_\_\_

Employer Name \_\_\_\_\_ Affiliate Title (2011-2012) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Check here if you require special services or if you have special dietary needs.

<b>Session Selection</b> <small>Using the agenda, please select one session for Session A and Session B and enter the appropriate letter code (A1, A2, B1, B2) below.</small>			
<b>Session A</b> <b>Saturday, October 1, 2011</b> 10:00 a.m. – 12:00 Noon	<b>Session B</b> <b>Saturday, October 1, 2011</b> 3:15 p.m. – 4:15 p.m.		
<b>Will you be attending the FREE “Supplier Diversity” seminar on Sunday, October 2, 2011, 1:00 p.m. – 3:30 p.m.?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Method of Payment</b> <small>(U.S. Funds Only)</small>		<b>Registration Total</b>	
<b style="color: blue;">By Check</b>  Enclosed is a personal or organization check.  The check number is:  _____  Amount of Check \$ _____	<b style="color: blue;">By Credit Card</b>  (Circle One) VISA   MasterCard   American Express   Diners   Club  Credit Card # _____  Expiration Date ____/____/____ CVN # _____  Amount to Charge _____  Name of Cardholder _____  Signature _____	<b>NSMG AFFILIATES —</b> <ul style="list-style-type: none"> <li>Boston</li> <li>Connecticut</li> <li>Maine</li> <li>New Hampshire</li> <li>Rhode Island</li> <li>Vermont</li> <li>Western New England</li> </ul>	FREE   <b>ALL OTHERS</b> \$ 75.00   <b>TOTAL AMOUNT ENCLOSED</b> \$ _____