

## Registration Information

### Registration Fees

Because of the generosity of our Corporate Sponsors and Conference Underwriters, a modest registration fee for the Conference allows organizations to send teams of employees at less cost than sending a single participant to most conferences.

\$465 each 1-5 participants

\$435 each 6-10 participants

\$420 each 11-40 participants

\$405 each 41-50 participants

\*\*51 participants and up, Faith-Based and Community Based Organizations call (334) 844-2870 for pricing\*\*

Single Day Pricing (Thursday Only)

\$249.00 (lunch included)

Pre-Conference: \$99.00 each

Prepayment is required. No-shows and cancellations less than thirty business days before the Conference are responsible for the registration cost. Substitutions may be made at any time. Please email or fax us with changes or substitutions ASAP.

**Phone:** (334) 844-2870

**Fax:** (334) 844-2234

**Email:** [stockhg@auburn.edu](mailto:stockhg@auburn.edu)

**Website:** [www.blueridgeleadership.com](http://www.blueridgeleadership.com)

**Mail:** Blue Ridge Conference on Leadership  
Auburn University College of Business  
Suite 105, Lowder Building, 415 West Magnolia Avenue  
Auburn University, AL 36849-5265

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### Conference Registration Form

Conference: \$ \_\_\_\_\_

Wednesday, October 14 – Friday, October 16, 2009

Pre-Conference: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

\*Mr/ Ms \_\_\_\_\_ Preferred Name for Badge \_\_\_\_\_

First MI Last Job Title \_\_\_\_\_

Company \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Company Contact's Name: \_\_\_\_\_ Attending: Yes \_\_\_ No \_\_\_

Dr/ Mr/ Ms First MI Last

Contact's Job Title \_\_\_\_\_

Contact's Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

\*Retired: Yes \_\_\_ No \_\_\_ Year(s) you previously attended our annual conferences: \_\_\_\_\_

Company from which Retired: \_\_\_\_\_ Job Title at Retirement \_\_\_\_\_

Spouse's Name (if registering) \_\_\_\_\_ Preferred Name for Badge \_\_\_\_\_

Spouses attending conference sessions and/or breakout sessions must registration for conference

SS # required if applying for Continuing Education Credits \_\_\_\_\_

(CEU registrations and transcript fees will be accepted on site)

Please duplicate this Registration Form and complete for additional participants from your organization.