



**Tai Sophia
Institute**

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Practicing Leadership Course Registration

Personal Information (Please type or print legibly in ink)

Full Legal Name (last) _____ (first) _____ (middle) _____

Home Address _____

City _____ Home Phone (_____) _____

State _____ Zip _____ Cell Phone (_____) _____

County (if in MD) _____ Office Phone (_____) _____

Social Security Number _____ E-mail Address _____

Birthdate (mm/dd/yyyy) _____ Gender (check one) female male

Nickname _____

Emergency contact: Name _____

Address _____

Daytime phone (_____) _____ Relationship _____

I am registering for the Practicing Leadership Course beginning July 2010.

- I am currently enrolled in a program at Tai Sophia. I am in the class of _____ (e.g. J09, J08)
- I am a graduate of Tai Sophia Institute. I was in the class of _____ (e.g. J05, J06)

I intend to enroll in the Practicing Leadership Course for the following reason (please check one):

- I have completed the Creative Leadership program and wish to earn the Graduate Certificate in Transformative Leadership.
- I have completed the Master of Arts degree in Applied Healing Arts and wish to earn a Graduate Certificate in Transformative Leadership.
- I am currently enrolled in the Creative Leadership program and wish to earn the Graduate Certificate in Transformative Leadership.
- I am currently enrolled in the Master of Arts degree program in Applied Healing Arts and wish to earn a Graduate Certificate in Transformative Leadership.

Tai Sophia Institute Use Only

Date Rec'd	Registration Fee	App. Letter	Database	Misc.

Registration Fee

- I am enclosing a check or money order for \$50, made payable to Tai Sophia Institute.
- I authorize Tai Sophia Institute to charge to the credit card below for the \$50 registration fee:
 - Visa MasterCard

Account number _____

Expiration date (month/year) _____ 3-digit Security Code _____

Signature and date _____

Name on card (please print legibly) _____

Registrant's Signature

I certify that the information I have provided is complete and accurate. I authorize Tai Sophia Institute to make reasonable inquiry as to the accuracy of information provided in this form. I understand that Tai Sophia Institute reserves the right to request additional information. I realize that the falsification of any information may be grounds for denial or dismissal.

Registrant's Signature _____ Date _____