

# PMLP Registration

Please fill out completely so that your registration may be processed promptly.

Name \_\_\_\_\_  
(last) (first) (M.I.)

Organization \_\_\_\_\_

Address \_\_\_\_\_  
(city) (state) (zip)

E-mail Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Have you ever taken a course or workshop from TLF Limited Management? No \_\_\_ Yes \_\_\_ When? \_\_\_\_\_  
(if known)

Please select the PMLP track:

- 5-day project management and leadership \$1,495 / Discounted **\$1,295 per person**
- 3-day project management only \$1,195 / Discounted **\$1,095 per person**
- 2-day leadership only \$895 / Discounted **\$825 per person**

Please select venue preference:

- My location (My organization will provide meeting space equipped with wireless Internet.)
- TLF Limited Management location (Wireless Internet will be provided.)

Please register the following individuals:

NAME	EMAIL ADDRESS	COST
<b>TOTAL AMOUNT DUE:</b>		

Registration for PMLP requires a \$500 **non-refundable** deposit. The balance will be invoiced with payment due before the first day of the scheduled PMLP session. If a workshop is canceled by TLF Limited Management, your deposit and any balance paid will be fully refunded. **All checks should be made payable to TLF Limited Management.** Credit/debit cards are accepted. Confirmation will be emailed to each participant one week prior to the first day of the scheduled PMLP session.

**REGISTRATION OPTIONS:**

- Mail:** Mail registration form and **non-refundable** deposit to: PMLP, TLF Limited Management, 1913 Hawthorne Road, Edgewood MD 21040. Checks should be made payable to **TLF Limited Management**.
- Online:** Go to <http://www.tflimited.com> and click **PMLP Registration**. A **non-refundable** deposit by credit card is required. Call (443) 374-2920 for more information.

**CREDIT CARD INFORMATION**

Credit Card:  Visa  MasterCard  Discover  American Express  
 Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_  
(last) (first) (M.I.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*PUT IN THE WORK, APPLY THE TRAINING, REAP THE BENEFITS!*