

Riverland Community College Customized Training

The Leadership Skills Seminar

Corporate registration form

check selection

___ January 15- February 19, 2025

___ April 16 – May 21, 2025

Business/Corporation Name:

Address:

Phone number:

Manager/HR Name:

Title:

Email address:

Participant information:

	Participant 1	Participant 2	Participant 3
Name: Phone number: Address: Email:			
Cohort Choice: <i>(Circle one)</i>	January or April	January or April	January or April
	Participant 4	Participant 5	Participant 6
Name: Phone number: Address: Email:			
Cohort Choice: <i>(Circle one)</i>	January or April	January or April	January or April

Payment information:

___ Please invoice me

Indicate the email address if other than the one at the top of the page: _____

___ By credit card

Shelly Mehus from Riverland will call you to process that number.