

Personal Data

Name: Dr. Mr. Ms. Mrs. _____
 Title: _____ Organization: _____ Date: _____
 Parent Organization: _____
 Mailing Address: _____ City/State or Country/Postal Code: _____
 Phone: _____ Mobile: _____ Email: _____
 HR Contact in Your Organization: _____

Program Information *Please provide your first and second choices for program date. We will make every effort to accommodate your preference.**

Program Title: _____
 1st Date Preference: _____ 2nd Date Preference: _____
 Program Location: _____

**Due to limited class size and course prework, registration at least eight weeks prior to program date is encouraged. To view available dates, visit www.ccl.org, choose program of interest, and click on "View Dates and Register" to see a list of upcoming program dates.*

Program Fee (please enclose with form) **Please note:** Local taxes may apply. Contact your local representative for details.

Please refer to www.ccl.org for the latest program information. For registration questions, please visit <https://www.ccl.org/frequently-asked-questions/>, or use the contact information at the bottom of this form to connect with us.

My full tuition fee for the amount of USD/€/SGD _____ is enclosed. (Please make check payable to the Center for Creative Leadership.)

Please charge my full registration fee in the amount of USD/€/SGD _____ to my credit card. (Local taxes may apply.)

American Express Discover MasterCard VISA

Name of Issuing Bank: _____ Account Number: _____ Expiration Date: _____

CID (Security Code): _____ Signature: _____

My company's purchase order is enclosed.

Billing Instructions

Bill To Organization: _____ Bill to Contact: _____ Bill to Email: _____

Bill To Address: _____ Bill to Phone: _____

If applicable, enter your Value Added Tax (VAT) number: _____

Accommodations and Logistics

Upon registration, participants will receive additional information about program logistics through their myCCL account.

Cancellation and Transfer Policy

Before a program begins, CCL incurs substantial administrative costs related to your registration. Therefore, the following fees apply:

NUMBER OF DAYS BEFORE PROGRAM	SUBSTITUTIONS ALLOWED	TRANSFER FEE	CANCELLATION FEE
More than 30 days	Yes (no fee)	None	None
15-30 days	Yes (no fee)	25% of tuition	50% of tuition
Less than 14 days	No	50% of tuition	100% of tuition

Transfers

Transfer requests must indicate the new date and/or new program the participant wishes to attend. 100% of the full tuition is non-refundable if:

- The participant does not attend another program within six months of the original program start date.
- The participant transfers more than two (2) times

Registration

CCL accepts registration forms by email, fax or through the postal services. Please see right for information regarding each of our locations.

Refunds

Any remaining balance of a canceled program's payment can be applied to another CCL program within six months of the original program date. After six months, the balance is non-refundable.

I have read your Cancellation and Transfer Policy and accept its terms.

Signature: _____

Date: _____

CCL - Asia-Pacific

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