

# 2012 NAEOP INSTITUTE REGISTRATION FORM

## “SEEING THE BEST IN YOU EMERGE”

Registrant Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_ Educational Institution \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Friday, April 20, 2012**

Session A – 6:30 – 9:30 p.m.

- *”Becoming a Better You”*

**Saturday, April 21, 2012**

Session B – 8:00 am to 12:00 Noon

- *“NetworkingMagic:”Schmoozing”  
Your Way to Success*
- *The Art of Influencing Others*
- *The Power to Connect*

Session C – 1:00 – 5:00 pm

- *Bird’s of a Feather*
- *“But I thought you Said...”*
- *An “Egg-Citing” Place to Work*

**Sunday, April 22, 2012**

Session D 8:00 am – 12:00 Noon

- *The 7 Habits of Highly Effective Office Professionals*
- *Beyond Success: Making a Difference*
- *A Surprise! (Facilitator’s wrap-up keynote)*

**Registration Fee Includes:**  
 All institute sessions and materials  
 Full made to order breakfasts  
 One (1) dinner (Fri)  
 One (1) lunch (Sat)

<b>INSTITUTE REGISTRATION FEE:</b>	\$ 195.00/person	\$ _____
(Deadline: Postmark March 9, 2012)		
Late Fee (Postmark Deadline March 20, 2012)	\$ 5.00/person	\$ _____
Total Amount Enclosed		\$ _____

**PAID BY:** \_\_\_\_\_ Check (Checks for the full amount should be made payable to 2012 NAEOP Spring Institute)  
 \_\_\_\_\_ Credit Card: \_\_\_ VISA \_\_\_ MASTER CARD \_\_\_ DISCOVER  
 Card/Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 (Signature \_\_\_\_\_)

**ALL FEES MUST BE PAID IN U.S. DOLLARS.** Mail registrations to: NAEOP, PO Box 12619, Wichita, KS 67209. For further information, contact the national office at 316-942-4822. Cancellations received prior to March 9, 2012 will entitle the registrant to a full refund less a \$25 administrative fee. Cancellations received between March 10-20, 2012 will entitle the registrant to a 50% refund. There are no refunds for cancellations after March 20, 2012. There are no refunds for no-shows.

**ARRIVAL AND DEPARTURE INFORMATION:**

**Arrival:** Airline & Flight Number: \_\_\_\_\_  
 Date / Time of Arrival: \_\_\_\_\_  
**Departure:** Airline & Flight Number: \_\_\_\_\_  
 Date / Time of Departure: \_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_