

ORSA 2008 KICK-OFF EVENT REGISTRATION FORM

Name _____ Position CEO Manager

Address _____ Business Owner

City _____ State _____ Zip _____ Professional

Cell # _____ E-Mail _____ Non-Profit

Organization Type:

Organization _____ Retail Service

Address _____ Manufacturing

City _____ State _____ Zip _____ Professional Services

Bus. Tele # _____ Ext. _____ Government

Fax # _____ E-Mail _____ Church/Ministry

No. of Employees 1-5 6-25 26-50 51-99 100+ School Other

Indicate Business Category (example: Printing) _____

January Event Pre-Register: Single @ \$39 Couple @ \$49 \$49/p After Pre-Registration

~~Make Checks Payable to~~ **20-20 Leadership**

Credit Card: MasterCard Visa Discover

Number _____ Exp. Date _____

For more information call 915-877-5525



Eight Disciplines Highly
Productive People Know And
Practice!

ORSA TRAINING - GAME PLAN SYSTEM

Organized by The 20-20 Leadership Foundation
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