

# How to register

When you call, please have these details to hand  
Copy and complete one form for each delegate

# Leadership & Performance Futures 2006

28<sup>th</sup> & 29<sup>th</sup> November 2006  
The Work Foundation, London, UK

Name \_\_\_\_\_  
Job title \_\_\_\_\_  
Organisation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Telephone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_  
How did you hear about Leadership & Performance Futures? \_\_\_\_\_

Telephone + 44 (0) 208 473 0205

Fax + 44 (0) 208 181 7879

Email [bookings@performance-knowledge.com](mailto:bookings@performance-knowledge.com)

Post Performance Knowledge Ltd.  
61 Elliscombe Road  
London  
SE7 7PF

## I am booking

Technology in Leadership Development on 28<sup>th</sup> November at £400 ( + VAT = £470)

Performance Driven Learning on 29<sup>th</sup> November at £400 ( + VAT = £470)

Both workshops at £650 ( + VAT = £763.75)

First delegate	* 2 <sup>nd</sup> + delegate

I will be attending evening drinks and canapés on Tuesday 28<sup>th</sup> November

## How to pay

<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Visa
<input type="checkbox"/>	Switch	<input type="checkbox"/>	American Express

\* 10% discount applies to the second and subsequent delegates from the same organisation.

If sending a cheque please make payable to 'Performance Knowledge Ltd.'

Please allow 5 working days for email confirmation of booking.

No refunds will be made for cancellations received after 27<sup>th</sup> October 2006. However, substitutions may be made at any time without penalty.

We may use your contact details to let you know about other events, products and services from Performance Knowledge. In addition, your details will be disclosed to sponsors and supporting companies associated with Leadership & Performance Futures who may also contact you to let you know about their own products and services.

IF YOU ARE NOT HAPPY FOR YOUR CONTACT DETAILS TO BE USED IN THIS WAY, PLEASE PUT A X IN THIS BOX

Issue No. \_\_\_\_\_  
Card No. \_\_\_\_\_  
Security code \_\_\_\_\_  
From date \_\_\_\_\_  
Expiry date \_\_\_\_\_  
Payment total \_\_\_\_\_  
Card holders name as printed on card \_\_\_\_\_  
Card holders full address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_

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