



**25<sup>TH</sup> ANNIVERSARY CELEBRATION CONFERENCE**  
**FEBRUARY 5-8, 2009**  
**THE RITZ-CARLTON SAN JUAN HOTEL, CAROLINA, PUERTO RICO**  
**REGISTRATION FORM**  
**Deadline: December 15, 2008**

**CONFERENCE REGISTRATION - \$1,250 per person**

Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Office Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Spouse: \_\_\_\_\_

Family Member(s): \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

**NUMBER OF PEOPLE ATTENDING:** THURSDAY, WELCOME RECEPTION \_\_\_\_\_  
 FRIDAY, HELLENIC GLENDI \_\_\_\_\_  
 SATURDAY, GRAND BANQUET \_\_\_\_\_

**CONFERENCE REGISTRATION FEES (Registration Form will not be processed without payment)**  
 Fee includes all conference events (All 3 evening events, Thursday Breakfast and Luncheon, Friday Luncheon, Bible Study, all Forums and Workshops, and all Conference materials). Guests, Golf and Tennis Tournaments are additional. (Please complete registration for these using supplemental registration form attached.)

**THERE WILL BE A 50% REFUND OF REGISTRATION FEE PRIOR TO JANUARY 1, 2009**

**NO REFUNDS WILL BE MADE AFTER JANUARY 1, 2009**

**Conference Registration:**

Leadership 100 Members/Spouses	_____	individuals	@ \$ 1,250 per person	\$ _____
Young Professionals (21-35)	_____	individuals	@ \$ 600 per person	\$ _____
Young Adults (17-20)	_____	individuals	@ \$ 300 per person	\$ _____
Children (16 and under)	_____	individuals	@ \$ 150 per person	\$ _____
Guests (sponsored by Member)	_____	individuals	@ \$ 1,650 per person	\$ _____
Golf Tournament Registration	_____	players	@ \$ 350 per person	\$ _____
Tennis Tournament Registration	_____	players	@ \$ 200 per person	\$ _____
Guests for Grand Banquet only	_____	individuals	@ \$ 400 per person	\$ _____
<b>TOTAL AMOUNT ENCLOSED</b>				<b>\$ _____</b>

**METHOD OF PAYMENT:**

**CHECK** My/our check is enclosed. Please make checks payable to: Leadership 100  
 Mail to: Olympic Tower 645 Fifth Avenue, Suite 906, New York, NY 10022

**CREDIT CARD** (Please specify)  MasterCard  Visa  American Express  Discover

**AN ADMINISTRATIVE FEE OF 2.5% WILL BE ADDED TO ALL CREDIT CARD PAYMENTS.**

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVV # \_\_\_\_\_ (number appears on front or back of credit card)

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_