



The National L.E.A.D. Institute
And
Caribbean Correctional Training, LLC



REGISTRATION FORM

Each attendee must complete a separate registration, but multiple registrations can be paid in a single payment.

Dr. Mr. Mrs. Ms. _____
Full Name (First, Middle, Last)

Title/Position: _____

Institution/Organization _____



Tel: Office: _____ Mobile: _____

Email: _____

Training Selection: _____

Training Date (s): _____

REGISTRATION FEE: _____

PAYMENT METHOD: CASH _____ CHECK _____ CREDIT CARD: _____  

Name as it appears on Credit Card _____

Credit Card No. _____

Exp. Date ____/____/____ CID _____ Signature: _____

Make check payable to: The National L.E.A.D. Institute

Refund Policy Post Registration:

- 15 days – 80% Optional: Full credit towards upcoming training
- 21 days - 50% 7 days prior – 20%

The National L.E.A.D. Institute
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