REGISTRATION FORM

Foundations for Success October 11-13, 2017

Please print or type the following information:	you plan on arriving wednesday. ☐ Yes, I plan to arrive Wednesday.
NAME:	☐ No, I do not plan to arrive Wedne
TITLE:	FRANKLINCOVEY KEYNOTE ADDR Muir of FranklinCovey will be giv address, 7 Habits of Highly Effect Thursday morning, 9:00 am - No this event only are available at \$ This includes a breakfast buffet. registration fee includes the key
ADDRESS:	PLEASE INDICATE CHOICE OF ME ON THURSDAY, OCT. 12 th
	☐ Filet of Beef Sirloin ☐ Stuffed
CITY:	☐ Vegetarian ☐ I will n
STATE: ZIP:	RECERTIFICATION CREDITS: This program has been approved recertification credit hours through the following shades are the second through the following shades are the second through the following shades are the second through the second throu
	☐ Yes, I require HRCI certificate.
PHONE:	☐ No, I do not require a HRCI certifi
E-MAIL ADDRESS:	QUESTIONS: If you have question Karen Yacono at 585/273-8198.
☐ Registering for FranklinCovey Keynote address only (\$50/pp)	MAKE CHECKS PAYABLE TO: RRI- Karen Yacono, CFO, Rochester Regional Healtl 3445 Winton Place, Suite Rochester, NY 14623
 Registration for full conference event (\$100/pp prior to Sept. 10th) (\$125/pp after Sept. 10th) 	CREDIT CARD PAYMENTS: To make a credit card payment, pl

WEDNESDAY NIGHT ACTIVITIES:

RRHA has encouraged vendors to entertain conference attendees on Wednesday. In an effort to assist vendors, please indicate below if

esday.

RESS: Mr. Peter ving the keynote tive People, oon. Tickets for \$50.00/person. Full conference note address.

EAL FOR DINNER

d Pork Chop not attend dinner

d for 8 ugh HRCI and ollowing:

icate.

ons please contact

HA.

thcare Association; 222

lease call Karen Yacono at 585/273-8198