



**2015 Catalyst & FLEX Program Registration & Participant Information Form**  
Please provide the following information to register. Please type or print legibly.

**Catalyst (Change Agent Leadership Strategies):** 31 May – 12 June 2015

**FLEX (Focused Leadership Experience):** 13 – 25 September 2015

**1. Program you are registering for:**

**2. Name** (as you wish it to appear on program graduation certificate):

**3. First name you want on your name tag:**

**4. Ministry:**

**Title:**

**5. Your Contact Information:**

- a. Phone
- b. FAX
- c. Email (work and personal)

**6. Billing Contact Person** in your ministry:

- a. Name and address invoice should be addressed to
- b. Email
- c. Phone
- d. FAX

**7. Please indicate *prior participation with Transformation System International work*, if any**  
(check all that apply):

I have completed CAMP

I have attended a previous FLEX or Catalyst program

If so, please name which program and what year \_\_\_\_\_

I have read Work Miracles

I have read other books used in Transformation System International work (please specify)

**8. Dietary Restrictions** (check all that apply):

I do not have any dietary restrictions

I am not a vegetarian but:

I do **not** eat beef

I do **not** eat pork

I do **not** eat fish or seafood

I do **not** eat chicken

I am a vegetarian

I am a vegan (no animal products including meat, eggs, cheese or other dairy products)

Please note any food allergies or other special dietary requests in the space below:

***Please submit next page as soon as your flight arrangements are available***



Name \_\_\_\_\_

9. Please provide ***flight arrival and departure information to and from Portland, Oregon***. We prefer that you provide a ***copy of the travel document given to you by the travel agent*** in addition to the information below:

**Arrival**

***Name of Airline*** last segment of trip:

***Confirmation Number*** (typically provided by travel agent):

***Flight Number and originating city last segment of trip:***

***Arrival Date and Time:***

**Departure**

***Name of Airline:***

***Flight Number:***

***Departure Date and Time:***

**Please type or print legibly.**

Return this form as soon as possible via email to Priscilla Cuddy **[prcuddy@aol.com](mailto:prcuddy@aol.com)** or fax to Patti Maggiora at **360-852-8187**. Registrations are accepted at any time up to four weeks prior to beginning of course. Flight information required no later than two weeks prior to beginning of course.