



Urban Leadership Alliance Seminar Application

Participant Information

First Name _____

Last Name _____

Preferred Name _____

Position/Title _____

Work Phone _____

Cell Phone _____

Work Email _____

Personal Email _____

Receive email meeting notices and other communication? Yes No

Dietary Restrictions? _____

Supervisor Information

First Name _____

Last Name _____

Position/Title _____

Phone _____

Email _____

Company Information

Company _____

Address _____

Address _____

City _____ State _____ Zip Code _____

Billing Contact

First Name _____ Last Name _____

Phone _____ Email _____

Tuition Payment Information: The tuition of \$4,250 is due by March 1, 2015 and is non-refundable.

Check Enclosed Payable to: **Louisville Urban League, Inc.**
1535 West Broadway
Louisville, KY 40203

Please charge the \$4,250.00 Tuition to our credit card: Visa MasterCard American Express

Name on Credit Card: _____

Account Number: _____

Expiration Date: _____ / _____ Security Code _____

Signature: _____

Please send invoice to billing contact above.