



Registration Form

2010 Institute for Allied Health Educators

What's Your Type? Understanding and Improving Your Leadership Style

- Session 1: October 6, 2010
- Session 2: October 13, 2010
- Bonus self-study session released after October 13, 2010

REGISTRATION DEADLINE: October 4, 2010

(Please type or print the following)

Full Name: _____

Preferred First Name or Nickname: _____

School or Institutional Affiliation (if any):

Title/Academic Rank (if any): _____

Mailing Address:

City: _____

State (if USA): _____

Country (if other than USA): _____

Zip Code: _____

Email Address: _____

Work Phone: _____

Home or Cell Phone: _____

Fax Number: _____

Highest degree(s)/certification(s) attained: _____

If you currently hold an academic position, please indicate if your appointment is:

- Full time
- Part time

Please indicate if you are willing to have your name and contact information listed in the directory of participants:

- Yes
- No

How did you learn about the ADEA/AAL IAHE?

- | | |
|--|--|
| <input type="checkbox"/> Referral from dean/administrator/
department chair | <input type="checkbox"/> Internet search |
| <input type="checkbox"/> Referral from colleague | <input type="checkbox"/> Ad in dental journal* |
| <input type="checkbox"/> ADEA website | <input type="checkbox"/> Specialty organization website* |
| <input type="checkbox"/> ADEA newsletter/e-mail | <input type="checkbox"/> Specialty organization newsletter/e-mail* |
| <input type="checkbox"/> Academy for Academic Leadership e-mail | <input type="checkbox"/> Other* |

* - please specify: _____

The registration fee for the ADEA/AAL IAHE is \$195.

To pay by credit card, please write your credit card number and expiration date on the "Address" lines below. The Academy for Academic Leadership will e-mail a receipt to you.

If you wish to be invoiced for the registration fee, or if you wish your institution to be invoiced, please complete the following:

Name: _____

Address: _____

Agreement to Participate:

I understand that if I am selected to participate in the ADEA/AAL IAHE, I am required to attend all activities and complete all assignments throughout the program. I understand that, once I am accepted, the tuition fee of \$195 is due within 30 days of receiving acceptance into the program. Failure to submit the tuition by the deadline will result in the loss of my position in the program. After October 4, 2010, withdrawal from the program for any reason will result in the forfeiture of 50% of the tuition. I also understand that the conduct of this program is contingent upon adequate enrollment and factors beyond the control of the Academy for Academic Leadership. Should the program be cancelled for any reason, I will receive a full refund of any tuition paid to the Academy for Academic Leadership. The Academy for Academic Leadership is not responsible for other costs that I incur as a participant in the program. I understand that the Academy for Academic Leadership is not a placement agency and makes no promise of employment as a result of participation in the program. My typed or signed name and submission of this form constitutes my Agreement to Participate.

Signature: _____ Date: _____

Please fax to 404-350-2099 or mail to:

**Academy for Academic Leadership – IAHE October 2010
1870 The Exchange
Suite 100
Atlanta, GA 30339**