

African Business Alliance, Inc.
LEADERSHIP EDUCATION SERIES

Please use this form to process your registrations. Complete the form and fax to 678-605-0271

Program Name: _____ Program Dates: _____

Approving Manager Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Company: _____

Address: _____

City: _____ State: _____

IPC/Zip: _____ Country _____

Attendee #1

Full Name: _____ Email: _____

Title: _____ Phone: _____ Fax: _____

Attendee #2

Full Name: _____ Email: _____

Title: _____ Phone: _____ Fax: _____

Attendee #3

Full Name: _____ Email: _____

Title: _____ Phone: _____ Fax: _____

Attendee #4

Full Name: _____ Email: _____

Title: _____ Phone: _____ Fax: _____

Payment Method (circle one): Credit Card / Wire / Check / Cash

Credit Card Name (circle one): MC / VISA / AMEX / DISCOVER

Name on Card: _____

Card Number: _____ Security Code: _____

Expiration Date: _____

Remember to book your room reservation at the hotel if you plan to stay at the hotel. If you need assistance with reserving your room, please send a request including your arrival and departure dates via email to Yvette Hughes at Yvette@aballiance.org or call 770-416-1395. We will then check on room availability and contact you via email to confirm your reservation.

Thank you.