



April 7-9 and May 5-7
Georgetown

REGISTRATION FORM FOR CHECK PAYMENTS ONLY

Coronavirus/COVID-19 Liability Waiver

The novel coronavirus, COVID-19, is extremely contagious and is believed to spread mainly from person-to-person contact. By registering for this event or authorizing registration by my agent, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 while attending the event. I hereby release, covenant not to sue, discharge, and hold harmless TML or affiliate, its employees, agents, and representatives, of and from COVID-19 exposure or infection that may result in personal injury, illness, permanent disability, and death.

Mail this form with your check to:

TML Administrative Services, 1821 Rutherford Lane, Suite 400, Austin, TX 78754-5101

TML Leadership Academy (includes both courses) _____ \$765 per person

Registration is limited to the first 75 participants who register and is not open to guests.

The registration fee includes both courses, handouts, refreshments, breakfast and lunch buffets on Thursday, and breakfast buffet on Friday for both courses.

TML Leadership Fellow Designation: To be designated as a TML Leadership Fellow, you must complete both courses in their entirety. **No exceptions.**

Cancellation and Substitution Policy: If you are registered and cannot attend a \$45 cancellation fee will be assessed if written cancellation is emailed to acct@tml.org by March 12. Please note that no refunds will be honored after March 12 and telephone cancellations are not accepted. If you are unable to attend one of the courses you may send a substitute but doing so will forgo your opportunity to earn your TML Leadership Fellow designation. Registration fees are not transferable to other events. Once a DISC Assessment has been purchased for you there will be an additional \$50 cancellation fee regardless of when you cancel.

Full Name _____

Badge Name _____

Title _____

City/Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

I require the following special accommodations: _____
