

**TRANSFORMING STORMING AND UNHEALTHY CONFLICT
INTO
HEALTHY CONFLICT SEMINAR**

Registration Form

Name: _____

Mailing address: _____
Street City State Zip

Phone number: (____) _____ / Cell phone: (____) _____

E-mail address: _____ / personal email _____

Current occupation and name of employer: _____

Employer's mailing address: _____

Current position: _____

DATE: Friday, February 27, 2026, 8:30 a.m. – 4:00 p.m.

LOCATION: Santa Fe Woman's Club, 1616 Old Pecos Trail, Santa Fe, NM 87505

COST: \$199.00

Please select an option:

I attach a check for this amount _____ to this application form ☐

Please email me an invoice ☐

Please email an invoice to my employer ☐ Name & email:

PRINTED NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____