

# HOW TO ATTEND QUALPRO'S 2011 QUALITY LEADERSHIP SYMPOSIUM

Register today for the 22<sup>nd</sup> annual Quality Leadership Symposium. This unique event provides executives with insights into how to achieve breakthrough improvements in their organization.

- **TELEPHONE** the Symposium Coordinator at 800-500-1722
- **FAX your registration** twenty-four hours a day by dialing 865-927-0495
- **If you would like to receive additional information** about the Leadership Symposium as it develops, email Sue Lusk at [slusk@qualproinc.com](mailto:slusk@qualproinc.com) and ask to be added to our contact list.

## *Registration and Fees*

Reserve a block of seats for you and your associates today by completing the registration form or by calling the Symposium Coordinator at 800-500-1722. The registration fee of \$650 per person includes two continental breakfasts, two lunches, and the Wednesday evening reception. Full payment must be received one week prior to the Leadership Symposium.

## *Accommodations*

Participants are responsible for their own hotel and travel arrangements. The 2011 Leadership Symposium will be held at the JW Marriott Hotel Buckhead in Atlanta, Georgia. Special room rates are available for reservations made before September 27.

Hotel reservations may be made by calling the JW Marriott Hotel Buckhead directly. Be sure to mention the Quality Leadership Symposium to get the special room rate.

JW Marriott Buckhead Hotel  
3300 Lenox Road, NE  
Atlanta, Georgia 30326  
404-262-3344

Please complete the back of this form and mail or FAX it along with a check, purchase order, or credit card information to:



**Quality Leadership Symposium**  
**P.O. Box 51984**  
**Knoxville, Tennessee 37950-1984**  
**FAX: 865-927-0495**

**Quality Leadership Symposium**  
**October 12-14, 2011**  
**JW Marriott Hotel Buckhead in Atlanta, Georgia**

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

**Registrants**

Name \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_

Please duplicate this page if additional space is needed.

Fee: \$650 per person.

\_\_\_\_\_ Check enclosed.

\_\_\_\_\_ Charge it to my credit card.    \_\_\_ VISA    \_\_\_ MasterCard    \_\_\_ American Express

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

\_\_\_\_\_ Please bill me. Purchase order number \_\_\_\_\_

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