



**executive team advantage Program**  
Confidential Application Form

Name		Company Name	
Company Mailing Address	City	Province/State	Postal/Zip Code
Business Phone	Fax	Home Phone (for emergency use only)	
E-Mail Address			
Type of Business			

Is there someone who was influential in your decision to register for the Program?

- Workshop Number \_\_\_\_\_
- Location \_\_\_\_\_
- Start Date \_\_\_\_\_
- Fee: \$3,500 USD

The materials and concepts of The Executive Team Advantage Program are presented to each participant in order to help him or her achieve extraordinary goals through the executive/leadership team. The Program will help you to think through your goals and strategies and provide a structure to help you focus more efficiently. They are not a substitute for the advice of your accountant, lawyer, or any of your advisors, personal or professional. This is a reminder that any reproduction presentation, or commercial use of the trademark terms, Executive Team Advantage or of the concepts, strategies, methods, materials and all the other trademarks, copyrights and intellectual property of the Executive Team Advantage Program is prohibited without specific written permission from Quality Process Consultants, Inc. (QPC). QPC reserves the right to decline continued participation for any reason at any time during the course of the Program. In the unlikely event of an emergency, QPC reserves the right to reschedule Program sessions and/or substitute coaches.

*"I hereby apply for acceptance into The Executive Team Advantage Program as indicated above. In doing so, I commit myself to full participation in the Program for the one-year-period for which I am applying. I acknowledge that all of my decisions and actions and the consequence of such decisions and actions whether made in the context of this Program or not, are entirely my own responsibility. I enclose the non-refundable registration deposit fee and know that the balance fee is due three-weeks prior to the date of the first session. I am aware that the deposit is non-refundable, and that none of the fee is refundable as soon as I attend the start of the first session."*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Quality Process Consultants, Inc. to charge the credit card account number above in the amount of \$ \_\_\_\_\_ upon acceptance into the Executive Team Advantage Program.

Cardholder signature \_\_\_\_\_

- Yes, I authorize QPC Inc. to charge the balance three weeks prior to the start date using the above credit card.

**Quality Process Consultants, Inc.**  
11304 Megan Drive, Fairfax, Virginia 22030 [www.qpcteam.com](http://www.qpcteam.com)  
703.278.0892 800.589.4733 Fax: 703.278.0891