



## WOODHULL INSTITUTE APPLICATION 2007 FOR WOMEN AND ALUMNAE

### I. PERSONAL INFORMATION:

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you find out about Woodhull? \_\_\_\_\_

### II. REGISTRATION:

Please check calendar and program description for location, dates and tuition charges. Tuition covers lodging, food and materials. Transportation is the responsibility of the participant.

Retreat Date: \_\_\_\_\_

Please attach a current resume or bio.

**Please Note:** In order to ensure that your retreat experience is as meaningful as possible we strictly limit the number of participants. We strongly recommend that you complete your application and return it to our business office as soon as possible.

***A non-refundable deposit of \$175 must accompany your application. Receipt of your tuition fee officially holds your spot. No plane reservations should be made until you have been notified of your acceptance.***

Please send the completed registration form to *The Woodhull Institute* 770 Broadway, 2<sup>nd</sup> Floor, New York, NY 10003. E-mail and faxed applications are acceptable. Please make checks payable to The Woodhull Institute. Should you prefer to charge your deposit, please go to: <http://www.woodhull.org/support> to download a credit authorization form. It is also on the back of this form. The balance, including any transportation charges, must be received by the business office no later than two weeks before the start of your retreat.

**The Woodhull Institute for Ethical Leadership**  
770 Broadway, 2<sup>nd</sup> Floor, New York, NY 10003  
Phone: 646-495-6060 Fax: 646-495-6059  
E-mail: Suzanne Grossman, [sgrossman@woodhull.org](mailto:sgrossman@woodhull.org)

## Charge Authorization

### For Retreat Payments:

Please charge my (Circle One)          MasterCard          Visa

Account number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Amount: \_\_\_\_\_

Retreat Date: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Country \_\_\_\_\_