

CLI Payment and Cancellation Policy

- The program fee of \$3550.00 includes tuition & workbook for both sessions.
- Meals and lodging are paid for separately directly to the facility selected for the program. Costs are approximately \$700 per session for a total of \$1400 for the total program. CLI is a comprehensive program and participants are required to stay at the selected facility.
- Payment by check is due **no later than 30 days before** the start of the program. Earlier payment is strongly advised to ensure a spot in the program. Spots will be considered reserved upon receipt of both the program application and the program payment.
- Cancellation within 3 weeks of the program will require forfeiture of 1/3 of the program costs (\$1183.00). Organizations may substitute a replacement attendee without penalty up to two weeks prior to the start of the program. Replacements inside of two weeks require an administrative fee of \$200.00. Cancellation (without replacement with another attendee) inside of 2 weeks prior to the start of the program will require forfeiture of 100% of program fees.
- Participants who leave the program early (during the program) for any reason forfeit 100% of their fees but may attend a future program for the cost of room and board.
- Cancellation penalties are due to costs passed along to CLI for reservations made and materials ordered in advance of the program. To avoid these penalties it is **strongly recommended that your organization have a replacement attendee in mind** ahead of time, should a necessary late cancellation occur.

Please confirm your registration and indicate your understanding and acceptance of the payment and cancellation policies by signing below. Please retain a copy of this document for your records. Return this form along with your program application.

Fax: 503.892.3630

Or mail to:
Columbia Leadership Institute
Attn: Kris Eklund
7410 SW Oleson Rd PMB 243
Portland, Oregon 97223

Thank you!

Name: _____ Date: _____

Signature: _____



Columbia Leadership Institute Application

Program #: _____ Dates: Phase I _____ and Phase III _____

Name: _____ Male Female

Company: _____ Title: _____

Number of employees who report directly to you: _____

Company Mailing Address: _____ City: _____ St: _____ Zip: _____

Business Tel#: _____ Ext: _____ Fax#: _____ Cell#: _____

Email: _____ Your Supervisor's Name: _____ Sup. Title: _____

Supervisor's Mailing Address (if different from above): _____ City: _____ St: _____

Zip: _____ Sup. Email : _____ Sup. Ph: _____

Who referred you to this program?: _____ Your Home Mailing Address: _____

City: _____ St: _____ Zip: _____ Home Tel: _____

Please describe your employment/technical background (e.g. production, sales, accounting, general business, engineering, government): _____

In the past five years, what management, communication or human relations type of courses have you taken?

Are you now or have you in the past year, participated in any personal counseling/therapy? Yes No

Do you have any medical dietary restrictions?: _____

Payment: Check enclosed (Make checks payable to: **Columbia Leadership Development**) OR Please invoice: (list address

dept/contact person etc. for invoicing) Send invoice to: _____ Address: _____ City: _____

St: _____ Zip: _____ Ph: _____ Email: _____

Note: Applications can be mailed or faxed. Applications received without payment will be processed but not guaranteed placement in the program until payment is received. Payment is due no later than 30 days prior to the start of the program. The program fee is **\$3550.00** which includes tuition & workbook. Meals & lodging are paid for directly by the participant. Meals & lodging will cost _____ per session for a total of \$ _____ for the total program. CLI is a comprehensive program and participants are required to stay at the selected facility. Cancellation within 3 weeks of program will require a forfeiture of 1/3 of the program costs. Organizations may substitute a replacement attendee without penalty up to 2 weeks prior to the start of the program.



Columbia Leadership Goals Worksheet

The goals listed below will be shared with the staff so that they can tailor the program to help meet your learning objectives. Please meet with your partner/supervisor & jointly determine 3 to 5 areas where you feel your leadership can be strengthened.

Please fax a copy of your completed sheet to 503-892-3630 no later than 2 weeks prior to the start of the program. In addition, please bring your original copy with you to the program.

Your Name: _____ Program #: _____

Key areas of leadership for improvement and enhancement:

1.

2.

3.

4.

5.