



Strategic Solutions International, Inc.

*motivate.  
educate.  
energize.*

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## Continuing Legal Education Registration Form

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

Firm \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zipcode \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Program date for which you are registering \_\_\_\_\_

I have taken the **Birkman®** before  Yes/  No If "Yes" my Birkman® number \_\_\_\_\_

I would like to pay for the program by the following credit card:

Credit Card Name as it appears on card \_\_\_\_\_

Card Number \_\_\_\_\_

Three digits on back of card \_\_\_\_\_ Exp Date \_\_\_\_\_

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

Signature \_\_\_\_\_

*Strategic Solutions reserves the right to postpone a session. If a session is cancelled, registered participants may attend a future session or receive a refund*

*This form may be faxed to the fax number above or emailed to [info@ssizone.com](mailto:info@ssizone.com). All forms must be received in our office no later than the third business day prior to the day of the course.*

**All participants must complete the online questionnaire for the Birkman Profile® at least 3 business days prior to the course. After you are registered, you will be emailed a link to take the questionnaire.**