



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. 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.