

# ENROLLMENT FORM REQUEST N°ADC

**Please kindly fill in the below spaces and in just a few words tell us what motivates you to want to attend the Weekend Leadership Training.**

**Full name:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**We will get back to you within 24 hours of receiving the above information, and will send you the enrollment form, dates and fees. Please address request to: [info@maximizeyourpotential.info](mailto:info@maximizeyourpotential.info)**



**Corporate World Champion**  
*Weekend Leadership Training*

**Simple - Rapid - Effective**

**MORE INFO**