

# SAB NEGOTIATION GROUP

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## PUBLIC NEGOTIATION SEMINAR REGISTRATION FORM

Congratulations on your decision to seek personal and professional empowerment by acquiring improved negotiation skills! We are very proud of the effectiveness of our seminar product and are committed to helping you achieve your goals. In order to confirm your participation in our negotiation seminar, please provide us with the following information:

Name (First/M.I./Last) \_\_\_\_\_

Company Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Website (optional) \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Which training session are you registering for? (City and Date): \_\_\_\_\_

Is this your first exposure to negotiation training? Yes  
No

If not, what type of exposure have you already had? \_\_\_\_\_

How did you learn of us? \_\_\_\_\_

What are your objectives for this training session?

\_\_\_\_\_  
\_\_\_\_\_

What prompted your interest in our negotiation training?

\_\_\_\_\_

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

*S.A.B. Negotiation Group seminars are for educational purposes only. The S.A.B. Negotiation Group does not guarantee the result of any particular negotiation. Your signature on this form indicates your acceptance of these terms and conditions.*