



FEB Program Registration

Name: _____ Agency: _____

Agency Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

Home Address (where we can send DVD copy of *Gettysburg*): _____

Please Select: FEB Pittsburgh Session (April 9-10, 2019)

FEB Philadelphia Session (April 24-25, 2019)

To whom it may concern:

The participant from your department listed above is registered for the following program: _____

In the Footsteps of Leaders: Federal Executive Board Exclusive Program

_____ participants x \$365 per participant = \$ _____

TOTAL for Program = \$ _____

Please pay the total amount to secure the participant's registration for this program no later than 10 days before your selected program. Please make all checks payable to the Gettysburg Foundation.

Payment Information:

CHARGE TO: American Express Discover MasterCard Visa

Card Number: _____ Expiration Date: _____/_____/_____

Card Holder Name: _____

Address: _____ Phone Number: _____

Please email this form to Abbie Hoffman at: ahoffman@gettysburgfoundation.org

Questions call: 717-339-2161