



**Tuesday - Friday, October 5th – 8th, 2021**

*(with departures on Saturday, October 9th)*

**Wingspread Executive Retreat & Conference Center ♦ Racine, Wisconsin**

### **Registration Form**

☐ **YES! I will be attending Summer Institute 2021!**

☐ I am unable to attend but would like to contribute \$\_\_\_\_\_ to keeping the Summer Institute alive and well!

**Please send registration form and payment, or contribution (checks payable to The Summer Institute), to:  
The Summer Institute ♦ c/o Manageability ♦ 1821 Hillandale Rd., Suite 1B-320 ♦ Durham, NC 27705-2659**

*After receiving your registration form, we will send you additional details about this year's event.*

**Questions before you register? Please contact us at 919-908-6178 or [info@summerinstitute.org](mailto:info@summerinstitute.org).**

*(First-time attendees – please contact us prior to registering.)*

### **Contact Information**

*Please complete a separate registration form for each participant. Separate payment is not required.*

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Payment Information**

*Registration fee covers program and materials, accommodations, meals, taxes and service charges, and airport transfers from Milwaukee Mitchell International Airport (MKE). Travel costs are not included.*

Check one:

☐ \$3,300 if registering before August 1st ♦ ☐ \$3,500 if registering after August 1st

Second member of a couple:

To encourage spouses/partners to attend together, there is a discount for the second member of a couple (please enclose a check for the full amount):

☐ \$2,600 if registering before August 1st ♦ ☐ \$2,800 if registering after August 1st

☐ I am paying with another person [name of person]: \_\_\_\_\_

*Refund Policy: Participants canceling within 30 days of the start of Summer Institute will receive full refunds, less \$200 and any nonrefundable costs assessed by Wingspread.*

### **Participant Information**

Please check the category that applies to you:

☐ I have previously attended Summer Institute. I last attended in \_\_\_\_\_

☐ I am a new participant. I heard about the Summer Institute from \_\_\_\_\_

**PLEASE TURN OVER → → → →**

## Please Tell Us About Yourself

If you are a new participant, please use the space below (or a separate piece of paper) to tell us about yourself, your family, and what you hope to gain from attending the Summer Institute:

Is there anyone in your family or friendship circle you think would like an invitation to participate in The Summer Institute? If so, please share their name and contact information with us, or let us know how many brochures you would like and we'll send them to you.

☐ **Yes! Please send Summer Institute brochures to the following people:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

☐ **I would like to send Summer Institute brochures to my family or friends. Please send me \_\_\_\_\_ copies of the brochure.**

**THANK YOU!**