



# EMERGENCE

## LEADERSHIP TRAINING

March 13-16, 2025  
Meridian, Idaho

|                    |                               |                                 |
|--------------------|-------------------------------|---------------------------------|
| First Name         | Last Name                     |                                 |
| Preferred Name     | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Street Address     |                               |                                 |
| City               | State                         | ZIP Code                        |
| E-mail Address     | Home Phone                    |                                 |
| Cell Phone         | Best Time To Call             |                                 |
| Occupation         | Employer                      |                                 |
| Birth date         | Age                           |                                 |
| Number of Children | Ages of Children              |                                 |
| Who referred you?  |                               |                                 |

Three areas of my life in which I am committed to having something new are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

My purpose for attending the Emergence Leadership Training is...

\_\_\_\_\_

What would prevent me from attending is...

\_\_\_\_\_

I am committed to participating in the training as scheduled.

How would you like to receive your registration packet?

Signature

Date

Via:  E-mail,  US Mail,  Fax Fax #

**The registration fee for Emergence is: \$450. \***

**Pay by check:**

Please make checks payable to Tanya Goodrich and send to: Tanya Goodrich, 372 S Eagle Road, 214, Eagle, ID 83616.  
You may also e-mail your form to tanyamgoodrich@gmail.com.  
Your registration will be confirmed upon receipt of payment.  
Questions? Call Tanya Goodrich at 916.410.5888 or Shelly Egan-Welpott at 916.847.5725.

**Registration closes the Sunday before the Training.**

**Pay by Credit Card:**

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

CVV: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

*\*Please note that the registration fee is non-refundable.*