

Questions? Contact us at (314) 209-0922.

## THE PARTNER INSTITUTE™

THE ACCOUNTING PROFESSION'S PREMIER PARTNER DEVELOPMENT PROGRAM

Enroll now to save your seat! Max class size - 32 people.

## 2024 REGISTRATION AGREEMENT

Program Fee\*: \$6,900.00 per year for three years, or \$18,500.00 if paid in advance.

\$500.00 - Try Before You Buy! Reserve your spot by submitting deposit with registration. Attend the initial course; then decide if the program is right for you. If you choose to continue, we will invoice accordingly.

\*Fee includes classroom facilitation, online webinars, LMS access, individual coaching (including planned sessions between the coach and each participant's sponsor), materials (participant manuals/workbooks, toolkits, online tracking system, personal profile systems, books, etc.) as well as breakfast, lunch and breaks.

\*Participants are expected to attend each session in its entirety, if a participant is unable to attend in full, he/she must notify TGP prior to the session. Failure to notify may result in additional fees due to attrition and food & beverage costs established by hotel contracts. Consideration will be granted based on circumstances.

- 1. Registration form and \$500 deposit due with application. Balance due after the conclusion of the first session.
- 2. Please type or print clearly all information requested below (one form per person). Please keep a copy for your records.
- 3. Mail or email your completed registration form to: The Growth Partnership, PO Box 173, O'Fallon, MO 63366-0173 or email to Iprange@thegrowthpartnership.com.

Title: E-mail: Firm Gross Revenue: No. of Partners: No. of Employees: \* Each participant enrolled will need a sponsor internal to the firm. The sponsor is typically a Partner with more experience in the firm who will act as a mentor. Primary responsibilities are to: assist & guide the participant as he/she develops program goals, meet with the participant on an ongoing basis throughout the program, observe participant behavior & give feedback to the participant & coach, connect with the coach at least one time per year to share feedback & progress, clear the path for the participant inside the firm so they have the support & resources needed to maximize learning and return on investment. Sponsor E-mail: Sponsor Phone: Sponsor Name: Program Schedule Session 1 - January 17-19, 2024 (Orlando, FL) Webinar 3 - January 2025 Webinar 5 - January 2026 Webinar 1 - May 2024 Session 4 - May 2025 (Washington DC) Session 6 - May 2026 (Nashville, TN) Session 2 - June 5-7, 2024 (Dallas, TX) Webinar 4 - August 2025 Webinar 6 - August 2026 Webinar 2 - September 2024 Session 5 - November 2025 (Las Vegas, NV) Session 7 – October/November 2026 (Orlando, FL) Session 3 – November 20-22, 2024 (Anaheim, CA) Webinar 7 – October/November 2026 \*All classroom sessions will be held in person contingent upon COVID-19 conditions/regulations. We reserve the right to reschedule any/all sessions for the safety of the participants. PLEASE SELECT PAYMENT PLAN AND METHOD (\$500 deposit must accompany this registration form) □ \$500 -Try Before You Buy, attend 1st session, before  $\square$  Save by sending \$18,500.00 for all 3 yrs. ☐ Three annual payments of \$6,900.00 committing to 3 yr. program If check or money order, please make payable to: The Growth Partnership

## CANCELLATIONS & REFUND POLICY

A \$500 deposit must accompany the registration form to confirm your spot. Deposits will not be returned for any cancellations received after December 1, 2023. The remaining balance is due at the conclusion of the first session. Should the session be cancelled by TGP, participants will receive a full refund. TGP reserves the right to re-schedule sessions based on unforeseen circumstances (hurricanes, earthquakes, etc.) and no guarantees can be made as to the subsequent dates and/or locations. For more information regarding refund, complaint, and/or program cancellation policies please contact our office at 314.209.0922.

Amount of Payment: \$

Exp. Date

For security purposes, you may fax your registration and request that we call you for the credit card information.

I agree to all terms and conditions of this registration.

Billing Address and Zip of Cardholder:

□ VISA

□ MasterCard

□ Amex

□ Check

Credit Card #:

Cardholder's Name:

Signature: Date:	