



**Leadership Launch Information Sheet**  
**October 16-18, 2024**

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

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

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

LinkedIn: \_\_\_\_\_

Please include a head shot when returning form.

