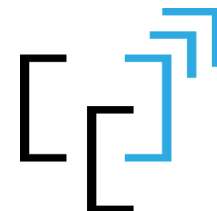


**CHANGE CHAMPIONS & ASSOCIATES
IN HOUSE- MASTER CLASSES:**



EXPRESSION OF INTEREST FORM

Name of Contact Prof/Dr/Mr/Mrs/Ms/Miss:

Surname: _____

Given Name: _____

Company/Organisation: _____

Position: _____

Address: _____

State _____ Postcode: _____

Country: _____

Telephone: _____

Facsimile: _____

Email: _____

Which Master Class are you interested in?

Which organisation will the class be held for?:

At what address would the Master Class be held?

Approximate number of delegates? _____

Preferred dates _____

1/2 day or Full day (state preferred times) _____

PLEASE FAX THIS FORM ONLY TO (02) 9518 6898 or

Email it to info@changechampions.com.au

Change Champions & Associates will then get in touch to discuss the possibilities.