**The Excellent Supervisor**

***Registration***

**Company:**

**Primary Contact Name:**

**Address:**

**Phone:**

**Email:**

**Participants (name, title):**

**\_\_\_Payment enclosed**

**\_\_\_Please invoice**

Return form electronically to snyderf@lemoyne.edu or mail to Family Business Center, Madden School of Business, Le Moyne College, 1419 Salt Springs Road, Syracuse, New York 13214

**Questions?****snyderf@lemoyne.edu****or Renée Downey Hart,****315.396.4831****(cell)**