**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](mailto: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**](mailto:snyderf@lemoyne.edu)**or Renée Downey Hart,**[**315.396.4831**](tel:(315)%20396-4831)**(cell)**