



Tuesday - Friday, October 4th - 7th, 2022

(with departures on Saturday, October 8th)

Wingspread Executive Retreat & Conference Center ♦ Racine, Wisconsin

Registration Form

YES! I will be attending Summer Institute 2022!

I am unable to attend but would like to contribute \$_____ to keeping the Summer Institute alive and well!

**Please send registration form and payment, or contribution (checks payable to The Summer Institute), to:
The Summer Institute, c/o Manageability, 1821 Hillandale Rd., Suite 1B-320, Durham, NC 27705-2659**

After receiving your registration form, we will send you additional details about this year's event.

Questions before you register?

Please contact us at 919-908-6178 (O) / 305-609-2160 (M) or info@summerinstitute.org.

(First-time attendees - please contact us prior to registering.)

Contact Information

Please complete a separate registration form for each participant. Separate payment is not required.

Name: _____

Mailing Address: _____

City, State, Zip: _____ Preferred Phone: _____

Other Phone: _____ E-mail: _____

Payment Information

*Registration fee covers program and materials, accommodations, meals, taxes, and service charges.
Travel costs are not included.*

Check one:

\$3,700 if registering before August 15th ♦ **\$3,900 if registering after August 15th**

Second member of a couple:

To encourage spouses/partners to attend together, there is a discount for the second member of a couple sharing a room (please enclose a check for the full amount):

\$3,000 if registering before August 15th ♦ **\$3,200 if registering after August 15th**

I am paying with another person [name of person]: _____

*Refund Policy: Participants canceling within 30 days of the start of Summer Institute will receive full refunds,
less \$200 and any nonrefundable costs assessed by Wingspread.*

Participant Information

Please check the category that applies to you:

I have previously attended Summer Institute. I last attended in _____

I am a new participant. I heard about the Summer Institute from _____

PLEASE TURN OVER → → → →

Please Tell Us About Yourself

If you are a new participant, please use the space below (or a separate piece of paper) to tell us about yourself, your family, and what you hope to gain from attending the Summer Institute:

Is there anyone in your family or friendship circle you think would like an invitation to participate in The Summer Institute?

Yes! Please send Summer Institute brochures to the following people:

Name: _____

Address: _____

City / State / Zip: _____

Name: _____

Address: _____

City/State/Zip: _____

Name: _____

Address: _____

City / State / Zip: _____

I would like to send Summer Institute brochures directly to my family or friends. Please send me _____ brochures.

THANK YOU!