



**AFairchild, PC**  
**LEADERSHIP MASTERMIND GROUP**  
**REGISTRATION FORM**

**Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

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

**Mobile Phone:** \_\_\_\_\_

**Group Choice (Select One):**

ONLINE Tuesday 5/11 at 2:30pm

IN-PERSON CARROLLTON OFFICE Tuesday 5/11 at 1:00pm

I understand that there is limited availability for this training, and therefore if I am given an opportunity to be a part of a Leadership Mastermind Group, I am committed to attending all 6 sessions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete this form and email to: [bryan.mclmore@afairchildpc.com](mailto:bryan.mclmore@afairchildpc.com)

If you have any questions please contact Bryan McLemore 469-381-2242