



Healing the Heart of Diversity®

Phone: 540-343-5192
Fax: 540-343-0407

**Diversity Breakfast Series
Application Form**

Diversity Leadership Alert!

You are invited to our Washington, D.C. *Diversity Breakfast* for an introduction to “***Transformative Dialogue***” and its use in creating social change within organizations. The speaker is Dr. Patricia Harbour, a noted diversity education leader.

Date: Tuesday, January 14, 2003

Time: 7:30 am=9:30

Place: the Council on Foundations Conference Center
1828 L Street, NW, Washington DC

RSVP: required *fax back the enclosed RSVP as soon as possible, as space is limited to this event.*

About the Event:

Our Diversity Breakfast series is our latest initiative to share new and cutting-edge ideas and strategies to productively manage today’s *diverse workforce*.

These events are designed specifically for managers, human resource leaders, and diversity practitioners, to learn, share and network with peers and experts. Our events offer a chance to interact with a small select group of professionals.

You will also have an opportunity to learn more about *Healing the Heart of Diversity’s* mission and our other *Diversity Leadership* programs. Together we can discover our mutual interests and explore ways to collaborate.

YES!

Please remember to make your reservation early.

_____ Reserve # _____ seats for me at the January 14, 2003 Healing the Heart of Diversity® Diversity Breakfast, "***Transformative Dialogue***". This event will begin promptly at 7:30 am at the Council on Foundations Conference Center at 1828 L Street, NW, Washington DC.

My \$20 registration fee will be paid with a credit card (Visa or MasterCard) or mailed to:

Healing the Heart of Diversity
712-Staunton Ave. NW
Roanoke, Virginia 24016

For credit card payments, please put the card number and expiration date below or call (540) 343-5192.

_____ I'm sorry, I cannot attend on January 14, 2003. I would like to know more about *Healing the Heart of Diversity*® leadership development programs.

_____ Please e-mail me about the next breakfast.

_____ Please call mail or e-mail me more information on your other programs

Best time & date to call: _____

Name: _____ Title: _____
Telephone: _____ Fax: _____

Organization: _____

Address: _____

Email: _____

Credit Card Payments

Account Number _____

Type: MC [] VISA [] Exp. Date: _____ Amount: _____

Signature _____ Date: _____