Building Great Teams and Leaders



Please complete this form to help us provide an accurate quote and create the best possible experience for you and your team. Email the completed form to **Pennie@LinnBerry.com**.

Company Name and C	.ontact Email: .					
How many people will be attending?		Half-day	9:00	AM - 1:00PM	OR	1:00 PM - 5:00PM
		Full-day	Lun	ch on your owr		Catered at facility
*For half-day, choose morning or for an additional charge.	afternoon session. For	the full-day opi	tion, there will be	an hour break for	lunch on y	our own or we can have it catered
Briefly describe those Supervisors, Managers, Executive						
Where would you like	us to focus?					
Leadership	Team Building Both Other Describe below				ow	
1						uld like us to address?
What other types of to	am or leadersh	nip trainin	g has this g	roup done?		
Do any of your partici	pants have any	special ne	eeds, allerg	ies, etc. that	our tea	am should know about?
Is there anything else for your group?	you want to sh	are that w	ould help ເ	ıs make this	an extr	raordinary experience