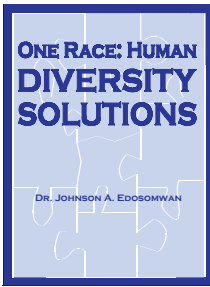


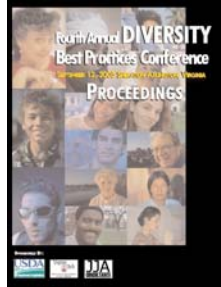


The Fifth Annual DIVERSITY SOLUTIONS BEST PRACTICES CONFERENCE

BOOKS AND PAST CONFERENCE PROCEEDINGS FOR ORDER



One Race:
Human
Diversity Solutions
By Dr. Johnson A.
Edsomwan
\$25.00



The Fourth Annual
Diversity Best
Practices Conference
Proceedings
\$25.00 each
\$95.00 for all four



The Third Annual
Diversity Best
Practices Conference
Proceedings
\$25.00 each
\$95.00 for all four

TITLE	COST	QUANTITY	TOTAL COST
Winning Leaders & Managers	\$ 30.00		\$
Customer-Driven Quality Management	\$ 25.00		\$
Quality Begins With Me Book	\$ 25.00		\$
ABC's of Quality Begins With Me Pocket Book	\$ 5.00		\$
Customer Satisfaction Management Frontiers-II	\$ 20.00		\$
Customer Satisfaction Management Frontiers-III	\$ 20.00		\$
Customer Satisfaction Management Frontier-IV	\$ 20.00		\$
Customer Satisfaction Management Frontier-V	\$ 20.00		\$
Customer Satisfaction Excellence Pocketbook	\$ 5.00		\$
Quality Begins With Me Mug	\$ 4.00		\$
Teamwork Shirt	\$ 35.00		\$
Motivational Posters with Messages of Excellence	\$ 15.00		\$
One Race: Human Diversity Solutions	\$ 25.00		\$
Greater Cincinnati Area Diversity Solutions Forum	\$ 25.00		\$
2nd Annual Diversity Solutions Conference	\$ 25.00		\$
3rd Annual Diversity Solutions Conference	\$ 25.00		\$
4th Annual Diversity Solutions Conference	\$ 25.00		\$
Total			\$

Please add an additional 18% Shipping & Handling Charges

CONFERENCE REGISTRATION AND PAYMENT INFORMATION

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

REGISTRATION FEE	After June 30, 2006	On or Before June 30, 2006	On or Before May 30, 2006
Commercial Rate	\$599.00	\$549.00	\$499.00
Government Rate	\$499.00	\$449.00	\$399.00
Total Registration Fee:	\$ _____	<i>(One form per registrant please)</i>	

Make Checks Payable to: Diversity Solutions Best Practices Conference and mail to: 3970 Chain Bridge Road, Fairfax, VA 22030

Check #: _____ Name on Check: _____

Payment by Credit Card: Number of Participants This Card Will Pay For: _____ Total to be Charged to Card: _____

Name on Card: _____

Billing Address of Card: _____

Card Type (Please circle one): AmEx Visa Mastercard Card #: _____

Expiration Date: _____ Signature: _____

Cancellation Policy - If a registrant is unable to attend, he/she may send a substitute, request a certificate of transfer, or cancel the registration. If the registration is cancelled more than 30 days in advance of the event, the registration fee, less a 50% service charge per person, will be refunded. If registration is cancelled within 30 days of the event, there will be no refund. The certificate of transfer may be redeemed at the full registration fee for a future event of equal cost or as a partial fee for an event of higher cost. Should a presenter in this event be unavailable due to conditions beyond our control, another equally qualified presenter will be substituted.

TO REGISTER CALL: (703) 359-5969 + 1-800-899-6363 + FAX: (703) 359-5971 + E-MAIL: CONFERENCE@JJAACONSULTANTS.COM