



Tau Iota Mu Psi, Inc.

Name _____

Business _____

Business EIN _____

Address _____

City/State/Zip _____ Phone _____

Email _____

Payment Amount Enclosed \$ _____

Training to Attend

1-2 Training Sessions/ Personal Skills Emotional Intelligence Leadership

3-4 Training Sessions/ Personal Skills Emotional Intelligence Leadership

5-7 Training Sessions/ Personal Skills Emotional Intelligence Leadership

Please make checks payable to:

Tau Iota Mu Psi, Inc.

Debit/Credit Card _____

Organization Name _____

Expiration Date/Year _____

CVV # _____

Attached document of employee names and titles

Please mail checks to: Tau Iota Mu Psi, Inc.
ATTN: Lisa K. Stephenson
4017 De reimer Ave
Bronx, NY 10466

*** Please consider the environment before mailing checks***