

School and Youth Organization

FACILITATOR MATERIALS ORDER FORM

The Great Expectations Program for High-Potential Teenagers

(TO BE COMPLETED BY LCG ONLY)

Date Order Received: _____ Date Processed: _____ Amount Received: _____

School / Organization Check #: _____ Notes: _____

INSTRUCTIONS: Please print a copy of this form, provide all requested information in the space provided and then mail the signed original with full payment to:

The Leadership Capital Group LLC
c/o Great Expectations Order Processing
Post Office Box 66 Stony Brook, New York 11790

IMPORTANT NOTE: A separate form and signature is required from each person for whom facilitator materials are requested. *The Leadership Capital Group LLC* accepts school and youth organization checks only. *No personal checks or cash payments will be accepted.*

SUPPLIES REQUESTED

Note: Facilitator materials (e.g. binders) may vary slightly on occasion depending on the availability of items. Substitutions are always of equal or greater value. Please be sure to add applicable tax. Standard shipping & handling is included in the courseware price for materials shipped within the Continental USA.



 1 Set of Great Expectations Facilitator Courseware at \$ 499 per set = \$ 499.00

Required Tax = \$ _____

Shipping & Handling (*) = \$ _____

ORDER TOTAL: \$ _____

(*) Included in price for materials shipped within Continental USA. International & Overnight Shipping available at client expense. If other than standard shipping within the Continental USA is required, please specify in the space provided below and include FEDEX or UPS Account Information and Account Number to which additional charges should be billed.

FACILITATOR INFORMATION

Full Name: _____ Nickname (Optional): _____

Home Address: _____

City, State, Country, Zip Code: _____

Telephone: _____ Email: _____

School / Organization Name: _____

Address: _____

City, State, Country, Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Years Employed at This School / Organization: _____ Current Title: _____

Years of Teaching Experience at This School / Organization: _____ Grades Taught: _____

Immediate Supervisor: _____ Title: _____

Special Skills, Honors & Achievements: _____

Any Other Teaching Experience? (Please Specify) _____

Does this facilitator have at least 5 years of teaching, training or facilitation experience at the secondary school and/or teenage level? (Required) _____ Yes _____ No

Is he/she currently licensed to teach in a public school system? _____ Yes _____ No

Does he/she currently hold a minimum of a Master's Degree from a regionally-accredited college or university? (Required) _____ Yes _____ No

Does the school principal or organization head support the decision to have him/her instruct Great Expectations classes? (Required) _____ Yes _____ No

College or University (Undergraduate): _____ Degree/Year: _____

College or University (Graduate): _____ Degree/Year: _____

Other Education or Training (Please Specify): _____

Special Honors & Achievements: _____

Shirt Size (Please Check One): **Female:** __S __M __L __XL __XXL **Male:** __S __M __L __XL __XXL __XXXL

SHIPPING INFORMATION (Please print or type clearly)

Recipient Name: _____ Title: _____

School / Organization Name: _____

Street Address: _____

City, State, Country, Zip: _____

Phone #: _____ Email Address: _____

Special Instructions: _____

OPTIONAL: FEDEX or UPS Account Information & Account Number for Any Expedited or International Shipping:

Service Provider: _____ FEDEX _____ UPS

Service Type: _____ Next Day _____ Other (Please specify clearly): _____

Name on Account: _____

Account Number: _____

AUTHORIZATION & AGREEMENT

By signing below I authorize The Leadership Capital Group LLC to forward the requested materials to the party and location specified. I further understand and agree that The Leadership Capital Group LLC, its members, affiliates and divisions serve only as a provider of courseware and assume no further responsibility whatsoever for this or any other Great Expectations program, the safety of program participants or the conduct of any school or organization official or representative during any portion of the Great Expectations process.

In addition, I agree to abide by all terms of the APPLICATION & AGREEMENT provided by The Leadership Capital Group LLC and signed by my school or organization official(s), including but not limited to those portions dealing with the safeguarding and protecting of trade secrets and intellectual property owned by The Leadership Capital Group LLC and its members, and the honoring of all copyrights. Further, I understand that the materials provided to me by The Leadership Capital Group LLC are for my personal use only and that under no circumstances should any portion of such materials be duplicated, loaned or given to any other person, or used in any training or education program other than The Great Expectations Program for High-Potential Teenagers classes conducted within my current school or organization. I further understand that I am not an employee, agent or representative of The Leadership Capital Group LLC or any of its affiliates or divisions and am not entitled to any of the compensations or benefits provided to those a part of the organization.

AGREED TO ON THIS DATE:

Signature of Great Expectations Facilitator: _____ Date: _____

Signature of Official School / Organization Contact: _____ Date: _____