



## FLINT HILLS REGIONAL LEADERSHIP PROGRAM ALUMNI UPDATE FORM

In an effort to reduce our costs, we want to distribute brochures, application forms, instructions, and other mailings via e-mail. Your assistance in providing your current contact information will help us reduce costs and update our records.

Name: \_\_\_\_\_ FHRLP Class of \_\_\_\_\_

Home address: \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (including area code) \_\_\_\_\_

Home e-mail address \_\_\_\_\_

Professional title or position \_\_\_\_\_

Employer name \_\_\_\_\_

Business address: \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

Business phone (including area code) \_\_\_\_\_ Fax \_\_\_\_\_

Business e-mail address \_\_\_\_\_

Please indicate your preferred location for contact:  Work  Home

### **Please return completed form to:**

Flint Hills Regional Leadership Program  
PO Box 1554  
Manhattan KS 66505-1554

**THANK YOU!**