

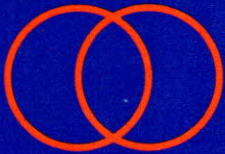


The KAIZEN[®] Institute of America

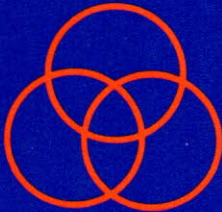
presents



JIT/Toyota Production System Seminar
May 2-3, 1988



JIT/Toyota Production System Seminar
Plus
In-Plant Training Experience
May 2-7, 1988



Basics of KAIZEN[®] Seminar
May 9-10, 1988

At the
Hartford Graduate Center
Hartford, Connecticut
hosts and co-sponsors

Fees

PROGRAM A: JIT/Toyota Production System Seminar
(2 days), May 2-3, 1988; \$1,100.00 per person

PROGRAM B: JIT/Toyota Production System Seminar Plus In-Plant Training Experience
(6 days), May 2-7, 1988; \$2,500.00 per person

PROGRAM C: Basics of KAIZEN Seminar
(2 days), May 9-10, 1988; \$1,100.00 per person

PROGRAM D: Combination Package (B + C)
(9 days), May 2-10, 1988 including a complimentary recreation program on May 8; \$3,000.00 per person

Make checks payable to The KAIZEN Institute of America.

Notes

1. Each additional person from same company will receive a 10% discount for Programs A, B or C.
2. PROGRAM D, the combination package, saves \$600 per person.
3. Program fees include all materials, continental breakfasts, luncheons, instructor fees and breaktime refreshments.
4. In the event of cancellation, registration fee will be refunded if written notice is received prior to April 15, 1988.

For further information contact: Alice Heist, Hartford Graduate Center, 275 Windsor Street, Hartford, CT 06120-2991, Phone: 203/548-2418, FAX: 203/649-6169.

Accommodations

A block of rooms has been reserved at the Holiday Inn Hartford, 50 Morgan Street, Hartford, CT 06120, at a special discount rate of \$48 per night, single or double (plus \$5 per night for parking), plus applicable state and local taxes. Reservations can be made by calling the hotel directly at (203) 549-2400 and

identifying yourself as a JIT/KAIZEN seminar registrant. The cut-off date for reservations is April 11, 1988. After that date, available rooms will be at regular rates. A major credit card or first night's deposit is necessary to guarantee arrival after 6:00 p.m.

Registration Form

(Photocopies of registration form are acceptable to preserve brochure.)

Registrant #1	Title
Registrant #2	Title
Registrant #3	Title
Company	
Street Address	
City/State/Zip	
()	()
Telephone	FAX

Programs (check correct boxes)

A	B	C	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mail completed form along with your check made payable to The KAIZEN Institute of America to: Alice Heist, Hartford Graduate Center, 275 Windsor Street, Hartford, CT 06120-2991.

Total Registrants _____

Total Amount Paid \$ _____



**The KAIZEN[®]Institute
of America**

6065 Cielo Vista
Carmarillo, CA 93010