

## Registration Form

Please copy this form for future workshops or to share with others. One form per person is needed.

Participant's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. Day: \_\_\_\_\_ Phone No. Evening: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Workshop Title:	Date:	Cost:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Method of Payment: -Cash -Check -Money Order -Visa -MasterCard Amount Enclosed: \$ \_\_\_\_\_  
(Do not mail cash)

Name as it appears on Check/Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_