

# REGISTRATION FORM FOR WORKSHOPS

Your name:

\_\_\_\_\_ Degree  
s \_\_\_\_\_

Address:Â

\_\_\_\_\_Â Â Â Â Â

\_\_\_\_\_

\_\_\_\_\_Â Â Postal  
code: \_\_\_\_\_

Telephones:Â cell \_\_\_\_\_;Â home:  
\_\_\_\_\_Â wk: \_\_\_\_\_

Email address:

\_\_\_\_\_

Website? :

\_\_\_\_\_

I am enrolling in the workshop titled:

\_\_\_\_\_Â

held inÂ

\_\_\_\_\_

I have the following dietary requests:

\_\_\_\_\_

\_\_\_\_\_

I am especially attracted to the workshop for the following reasons and training requests:

\_\_\_\_\_

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I am especially interested in focus on training about (be specific) :

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I have enclosed the minimum registration fee \_\_\_\_\_ made payable to Ann E. Hale with (for deposit only) written on the back.

To be mailed to Ann Hale, 353 Highland Ave, No. 2, Roanoke, VA 24016  
Any contract or directions will be mailed with the acknowledgment of your reservation

Telephone inquiries: Ann Hale (540) 400-8182

Additional comments and requests:

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