

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:

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

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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