



Workshop Registration Form

WORKSHOP INFORMATION

Workshop Title _____

Workshop Dates _____ Fee _____

Workshop Location _____

ATTENDEE INFORMATION

Name _____

Phone _____

Mailing Address _____

Email Address _____

Organization Name _____

Type of Organization _____

Example: retail, health care, financial, non-profit, etc.

If registering a group, please provide information about main contact person:

Name _____

Phone _____ Email _____

PRE-REGISTRATION REQUIRED

To register:

Mail this form with check to:
Springboard NW, LLC
140 SW 2nd Street #202
Corvallis, OR 97333

For credit card payment, email jean@springboardNW.com for Pay Pal invoice.

How did you hear about this workshop?

- _____ Chamber website
- _____ Albany Chamber Network
- _____ Newspaper
- _____ Springboard NW
- _____ Other: _____

NOTE: A workshop participant unable to complete the 2010 Springboard NW Communication Workshop as indicated in this pre-registration form will receive a credit *upon written request* towards participation in another regularly scheduled 2010 Springboard NW Communication Workshop of the same title. Request for credit must be submitted in writing no later than 30 days of the original Springboard NW Communication Workshop described on this flyer.

