



VolunteerCenter
Lewis, Mason, and Thurston Counties
HANDS ON NETWORK

2009 Training Opportunities REGISTRATION FORM

ORGANIZATION NAME: _____

ADDRESS: _____ CITY: _____ STATE _____ ZIP: _____

PHONE: _____ FAX: _____

Print Clearly	Participant 1	Participant 2	Cost
Name			
Title			
E-mail			
Address *			
Employer if Board Member			
Phone *			
Fax *			
<u>Workshop 1</u> (Name / Date)			
<u>Workshop 2</u> (Name / Date)			
Total Cost:			

* If different from organization

SPACE IS LIMITED. These workshops do sell out, so register early! No registrations will be taken by phone; we must receive a completed registration form by mail or by fax **three days** prior to the session. **Confirmations** will be sent out, via e-mail or fax, one week before the workshop date. **Cancellations** may be made up to 7 working days prior to the date of the seminar. **No refunds** will be given for cancellations made after this point. Accessibility services will be made available upon request with 10 working days advanced notice. **Scholarships are available for some workshops, based on need.**

Payment Information:

Enclosed is a check (payable to Volunteer Center of LMT Counties) for \$ _____

Please charge \$ _____ to my: Visa MasterCard American Express Discover

Cardholder Name: _____

Card number: _____

Expiration Date: _____

Signature Panel Code: _____ (Last 3 digits on signature panel) Signature: _____

PLEASE MAIL OR FAX COMPLETED FORM TO:
Volunteer Center of Lewis, Mason and Thurston Counties
222 Columbia St. NW, Olympia, WA 98501
Phone: 360-741-2622 / FAX: 360-915-6019 www.volunteer.ws