

2012 Two-Day and One Day Workshop(s) Registration Form

Department or Agency Name: _____

Primary contact person for billing, etc: _____

Mailing address for sending Confirmation(s): _____

Mailstop/room: _____ City: _____ State: _____ Zip: _____

Primary Telephone number: _____ Fax: _____

Primary e-mail address of person registering: _____

Person Attending: _____ E-Mail: _____

Person Attending: _____ E-Mail: _____

Person attending: _____ E-Mail: _____

Person attending: _____ E-Mail: _____

Two-Day Workshop, "How to Recruit, Manage, Reward and Retain Public Safety Volunteers"

_____ 1 \$295.00 _____ 2 - 3 \$250.00 Each (20% Savings) _____ 4 Plus \$200.00 Each (30% Savings)

One-Day Workshop, "Fundraising and Grants for your Volunteer Organization" (9:00am to 4:00pm)

_____ 1 \$175.00 _____ 2- 3 \$150.00 Each (15% Savings) _____ 4 plus \$125.00 Each (33% Savings)

Super Savings: Take both Workshops for \$375.00 per person and save \$100.00

Total Amount Due: _____ (Please mail checks to the above address)

Workshop(s) Dates and Location Selected: _____

A confirmation with additional information will be e-mailed with upon receipt of this registration form.

Class hours are from 8:00am to 4:00pm each day with a one hour lunch break from noon to 1:00pm.

Attendees are responsible for their own lunch and any overnight accommodations, travel to and from the workshop, etc. If staying overnight, ask for the PSVI or Government Workshop Rate when contacting the hotel.

Name of Officer/Agent

Signature

As an authorized agent for the above named department, I hereby request the individual(s) listed above be enrolled in the workshop(s) noted on the dates above. I understand full payment is required to guarantee enrollment however the individual(s) listed will be registered, pending receipt of payment or other arrangements.

Please make your check payable to: Public Safety Volunteer Institute

OPTIONAL CREDIT CARD PAYMENT INFORMATION

Credit Card Type: (Circle One)

MasterCard

Visa

Credit Card Number: _____

Expiration Date: _____

Billing Address: _____

Cancellation Policy: Once enrolled, cancellations may be accepted one week prior to the class date with a full credit or refund. Cancellations within one week of the class date will receive a full credit towards any future class at any location. No Shows with no notice are responsible for payment in full with a class credit. **2012 WS Reg Form**