

2014 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 \$325.00 _____ 2 - 3 \$275.00 Each (20% Savings) _____ 4 Plus \$250.00 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 \$395.00 per person and save \$105.00

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. Two-day Class hours are from 8:30am to 4:30pm each day with a one hour lunch break. One-day Class is from 9:00am to 4:00pm. Attendees are responsible for their meals, 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. **2014 WS Reg Form**