

September 2010 Orlando 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 (if any): _____

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" Special Offer includes third day, "Grants and Fundraising" workshop for free

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

Two-Day Workshop, "How to Recruit, Manage, Reward and Retain your Public Safety Volunteers" ONLY
_____ 1 \$195.00 _____ 2 - 3 \$150.00 Each (20% Savings) _____ 4 Plus \$100.00 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)

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

Orlando, Florida, September 21 – 22, 2010 Workshop(s) Dates and Location

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 Workshop Rate of \$99.00 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: _____