



Registration Form

(Please print and fax/mail/email)

Participant Name:		Billing info*	
School/Organization:		Attention:	
Grade/Subject:		Organization:	
Work Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone:	Ext:	Phone:	Ext:
Home Address:		Purchase Order Number*:	Amount: \$
City/State/Zip:			
Home Phone:			
E-mail:		Bill for Credits: School/Org <input type="checkbox"/> Self <input type="checkbox"/> N/A <input type="checkbox"/>	

→ **NOTE!** I understand that by registering, via e-mail or paper copy, for the training listed below, I have made a firm enrollment commitment. I also understand that should I withdraw less than 2 weeks before the start date or fail to attend, I will be responsible for the FULL amount of the course/workshop.

You must SIGN this statement by entering your initials in the space provided.

SIGNATURE:

*** Purchase order number/approval is REQUIRED for all school/SU billing
 *** All fees are paid directly to LAPDA

*** Please put the course/workshop information below and fax, email or mail this registration to LAPDA

Course/Workshop: _____

Course/Workshop: _____

Course/Workshop: _____

Please print and return to:

• P.O. Box 605, Barre, VT 05641 • (802) 479-0900 • fax (802) 479-0905 • info@lapdvt.org •