



WORKSHOP REGISTRATION FORM

Four Easy Ways to Register!



By mail:
222 Pitkin St
Suite 101
East Hartford, CT 06108

By Fax: (860) 831-1078
By phone: (860) 282-4299
By e-mail: emarinko@ccat.us

Workshop Title _____ Workshop Date _____

Full Name _____ Preferred First Name for Badge _____

Title _____ Company _____

Address _____ Mail Stop _____

City _____ State _____ Zip Code _____

Telephone _____ Ext. _____ Fax _____

E-mail Address _____

PAYMENT INFORMATION: Workshop Fee \$ _____

Please charge my credit card (circle one): Amex Visa MasterCard

ACCOUNT NUMBER _____ EXP. DATE _____

Name on Card

Authorized Signature

CANCELLATION POLICY: A refund will be issued for any cancellation received more than 10 business days prior to the start of the program. Substitute students (with valid registration forms) are welcome up through the first day of the course.

Confirmation and directions will be sent upon receipt of this registration. Hotel information is available upon request.