



United Way of King County

2010 Training Opportunities

REGISTRATION FORM

ORGANIZATION NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

Print Clearly	Participant 1	Participant 2	Cost
*Name			
*Title			
*E-mail			
*Employer (if Board member)			
Future training opportunities	<input type="checkbox"/> Yes, please let me know about future training <input type="checkbox"/> No thank you		
*Workshop 1 (Name / Date)			
Workshop 2 (Name / Date)			
Total Cost:			

*** Required information**

SPACE IS LIMITED. Workshops do sell out, so register early! Registrations cannot be taken by phone; we must receive a completed registration form along with payment by mail or by fax at least **three days** prior to the session. **Confirmations** will be sent out via e-mail when registration is received. **No refunds** will be given for cancellations made later than **7 working days prior** to the date of the seminar. Accessibility services will be made available upon request with 10 working days advanced notice.

Payment Information:

Enclosed is a check (payable to United Way of King County) for \$ _____

Please charge \$ _____ to my: Visa MasterCard American Express

Cardholder Name: _____ Card Number: _____

Expiration Date: _____ Signature: _____

MAIL, FAX OR EMAIL COMPLETED FORM TO:
The Volunteer Center ♦ United Way of King County
720 Second Ave ♦ Seattle, WA 98104-1702
FAX: 206.461.8495 ♦ EMAIL: workshops@uwkc.org

Registration is not confirmed until you receive **acknowledgement of registration** by email. Please contact us if you do not receive confirmation within seven (7) business days after sending. For questions, call **206.461.5014** or email us at **workshops@uwkc.org**.

FOR STAFF USE ONLY
 Date Entered: _____
 Paid: _____
 Date Received: _____
 Check No.: _____ Cr Card: _____