



CPD
 CT NONPROFITS · CENTER FOR
 PROFESSIONAL DEVELOPMENT



WORKSHOP REGISTRATION FORM

REGISTRATION INFORMATION

Association Member Non-Member

Agency Name _____
 Billing Address _____
 City, State Zip _____
 Phone _____

Required: Please check the box of each true statement:

- I work/volunteer for an organization serving Fairfield County
- I am a Board Member or consultant for a nonprofit that serves Fairfield County
- I am an individual who resides in Fairfield County
- I am one of 8 Norwalk-based organizations who is coming on scholarship courtesy of GE
- None of the above

Attendee(s) Name*

1. _____
 Attendee Title _____
 Attendee Email** _____
 Board Member? Yes No
 Workshop Date / Code _____
2. _____
 Attendee Title _____
 Attendee Email** _____
 Board Member? Yes No
 Workshop Date / Code _____
3. _____
 Attendee Title _____
 Attendee Email** _____
 Board Member? Yes No
 Workshop Date / Code _____

* Substitutions are Welcome

** Attendee email required for registration. Confirmation and directions to the workshop location will be sent to email provided.

TO REGISTER

Register online at www.ctnonprofits.org/education
Payment policy: Payment is required in advance.

Or mail or fax your registration information and payment to:
 Connecticut Association of Nonprofits
 90 Brainard Road, Suite 201
 Hartford, CT 06114
 Fax: 860-525-5088

Questions? Contact Us! Phone: 860-525-5080 x 28
 Email: choneycutt@ctnonprofits.org

PAYMENT INFORMATION

Amount Due \$ _____

- Check enclosed, payable to CT Association of Nonprofits
- Credit Card — Please fill out the information below.

Credit Card Type MasterCard Visa Discover

Credit Card No. _____

Cardholder Name _____

Expiration Date _____ Billing Zip _____

Signature _____

Cancellation Policy: Cancellation *must* be made by e-mail to choneycutt@ctnonprofits.org. The attendee is still responsible for payment unless cancellation is received at least seven (7) calendar days before the workshop.

Where did you hear about us?

- Training Catalog CT Nonprofits Website Social Media
- Word of Mouth Nonprofit Advantage E-mail

Copy of registration to be forwarded to:

Name _____

Email Address _____

To be paid by Employer Employee

Print this registration form and then mail or fax it to us — or — [REGISTER ONLINE](#) for our workshops!