



CENTER FOR PROFESSIONAL DEVELOPMENT
REGISTRATION FORM

Association member

Non-member

Agency Name _____

Billing Address/City/ Zip _____

Phone _____

Fax _____

Attendee(s) Name 1. _____

2. _____

3. _____

4. _____

Email Address _____

Workshop Title _____

Workshop Date _____

Total Due \$ _____

TO REGISTER

- **Mail registration and payment to:**
Connecticut Association of Nonprofits
90 Brainard Road
Hartford, CT 06114
- **Phone** 860-525-5080
- **Fax** 860-525-5088
- **Email** mberardi@ctnonprofits.org
- **Payment policy** Mail in advance or pay upon arrival
- **Cancellation Policy** Attendee is still responsible for payment unless cancellation is received at least two (2) working days before the workshop.