



Registration Form

Workshop information:

Name: _____

Date: _____ Fee: _____

Location: _____

Attendee information:

Name _____

Phone _____

Mailing Address _____

Email Address _____

Organization Name _____

Type of Organization _____

Example: retail, health care, financial, non-profit, etc.

If registering a group, please provide information for main contact person:

Name _____

Phone _____ Email _____

PRE-REGISTRATION REQUIRED

To register:

Mail this form with check to:
Springboard Productions
140 SW 2nd Street #202
Corvallis, OR 97333

For credit card payment, email
jean@SpringboardNW.com for
Pay Pal invoice.

How did you hear about this workshop?

- _____ Chamber website
- _____ Albany Chamber Network
- _____ Newspaper
- _____ Springboard
- _____ Other:
- _____

