

MULTI-ATTENDEE WORKSHOP REGISTRATION FORM

Workshop Name		
Workshop Date		
Agency Name:		
Mailing Address:		
City: State:	Zip:	
Phone: Fax:		
Contact Name:		
Contact Email:		
Attendee Names		
1		
2		
3		
4		
5		
Please mail, fax, or email your registration form and payment to Foundation Management Services, P.O. Box 50006, Denton, Fax: 866.824.5119 Email: sales@fms-regional.com		
I will be paying with: ☐ Check ☐ Credit Card Name on Credit Card:		
Signature*		
Credit Card Number:	Expiration Date:	_ Security code:
Total Amount Enclosed or to be charged at this time: \$		

Cancellation Policy: \$50 administrative fee for ALL cancellations. No refund for cancellations within 24 hours of the workshop, credit voucher issued ONLY. Workshop no shows are NON-REFUNDABLE and WILL NOT be issued credit. Each workshop voucher can only be used once for the full amount towards another workshop.

^{*}Signature authorizes Foundation Management Services to process charges for all amounts when due.