R E G I S T R A T I O N F O R M

NOLS Risk Management Training

May 6-7, 2008

San Francisco, California

Applicant's Personal Information:

Name: _____ Birth Date: _____/_____ / _____
last first middle preferred Month Day Year

Permanent Address: Street (include apt, box, etc.): _____

City: _____
City State Zip

Permanent Phone Number: _____ E-mail address: _____

_____ Sex: (check one) ☐ F ☐ M
Organization Title

Have you applied for NOLS PRO/WMI/LNT course before? Please give course and date: _____

Have you participated in a NOLS PRO/WMI/LNT course before? Please give course and date: _____

Responding to ethnic origin is optional. Please check the box that best describes you:

☐ Hispanic ☐ Asian ☐ Native American ☐ Pacific Islander

☐ African American ☐ Caucasian ☐ Other _____

Country of Citizenship _____

How did you hear about this training? _____

How are you hoping this course will benefit your program?

_____

Total tuition: $565

AEE members: 10% discount AEE accredited programs: 25% discount (Please circle one, if applicable)

Credit Card payment info: Please print *neatly*. $250 non-refundable deposit due at the time of Registration. Remainder of tuition due April 6, 2008.

VISA/ MC (circle one)

Account Number: _____ Expiration Date: _____

Name as it appears on card (please print): _____

Signature: _____

Signature of Applicant: _____ Date: _____

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