

REGISTRATION FORM

NOLS Risk Management Training

April 14th and 15th, 2010

Atlanta, GA

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: _____

Organization Title Sex: (check one) F M

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:

- American Indian or Alaskan Native Asian or Pacific Islander Black, not of Hispanic origin
 Hispanic or Latino White, not of Hispanic origin Multiracial Other

Country of Citizenship _____ How did you hear about this training? _____

Which category best describes your program? Adventure Education Adventure Travel Camp
 Secondary School College or University Research Study Abroad Program Other _____

How are you hoping this course will benefit your program?

Signature of Applicant: _____ Date: _____

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 March 14th, 2010

VISA/ MC (circle one)

Account Number: _____ Expiration Date: _____

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

Signature: _____

