

REGISTRATION FORM

NOLS Risk Management Training

March 5-6, 2011

Seattle, Washington

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?

Total tuition: \$565 Please circle and apply the following discounts if appropriate:
NOLS/WMI Grads: 10% discount AEE members: 10% discount AEE accredited programs: 25% discount

Credit Card payment info: Please print *neatly*. \$250 non-refundable deposit due at the time of Registration. Remainder of the tuition is due February 9, 2011.

VISA/ MC (circle one)

Account Number: _____ Expiration Date: _____

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

Signature: _____

Signature of Applicant: _____ Date: _____

