



CPD

CT NONPROFITS · CENTER FOR PROFESSIONAL DEVELOPMENT



WORKSHOP REGISTRATION FORM

REGISTRATION INFORMATION

Association Member Non-Member

Agency Name _____

Billing Address _____

City, State Zip _____

Phone _____

Attendee(s) Name*

1. _____

Attendee Email** _____

Workshop Date / Code _____

2. _____

Attendee Email** _____

Workshop Date / Code _____

3. _____

Attendee Email** _____

Workshop Date / Code _____

* Substitutions are Welcome

** Attendee email required for registration. **Confirmation and directions** to the workshop location will be sent to email provided.

Copy of registration to be forwarded to:

Name _____

Email Address _____

To be paid by Employer Employee

TO REGISTER

Register online at www.ctnonprofits.org/education

Or mail or fax your registration information and payment to:

Connecticut Association of Nonprofits

90 Brainard Road, Suite 201

Hartford, CT 06114

Fax: 860-525-5088

Questions? Contact Us! Phone: 860-525-5080 x 28

Email: edestefanis@ctnonprofits.org

PAYMENT INFORMATION

Amount Due \$ _____

Check enclosed, payable to CT Association of Nonprofits

Credit Card — Please fill out the information below.

Credit Card Type MasterCard Visa Discover

Credit Card No. _____

Cardholder Name _____

Expiration Date _____ Billing Zip _____

Signature _____

Payment policy: Payment is required in advance.

Cancellation Policy: Cancellation *must* be made by e-mail to drowland@ctnonprofits.org. Attendee is still responsible for payment unless cancellation is received at least two (2) working days before the workshop.

Where did you hear about us?

Training Catalog CT Nonprofits Website Social Media

Word of Mouth Nonprofit Advantage Email

Print this registration form and then mail or fax it to us — or — [REGISTER ONLINE](#) for our workshops!