

CT COMMUNITY NONPROFIT ALLIANCE

formerly



WORKSHOP REGISTRATION FORM

REGISTRATION INFORMATION

Association Member Non-Member

Agency Name _____

Billing Address _____

City, State Zip _____

Phone _____

Attendee(s) Name*

1. _____

Job Title _____

Email** _____

Workshop Name & Date _____

2. _____

Job Title _____

Email** _____

Workshop Name & Date _____

3. _____

Job Title _____

Email** _____

Workshop Name & Date _____

* 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/offerings

Payment policy: Payment is required in advance.

Or mail or fax your registration information and payment to:

CT Community Nonprofit Alliance (formerly CT Association of Nonprofits & CCPA)

35 Cold Spring Road, Suite 522

Rocky Hill, CT 06067

Fax: 860-525-5088

Questions? Contact Us! Phone: 860-525-5080 x 1020

Email: pmckenna@ctnonprofitalliance.org

PAYMENT INFORMATION

Amount Due \$ _____

Discount Code _____

Check enclosed, payable to CT Community Nonprofit Alliance

Credit Card — Please fill out the information below.

Credit Card Type MasterCard Visa Discover

Credit Card No. _____

Cardholder Name _____

Expiration Date _____ Billing Zip _____

Security Code _____

Signature _____

Cancellation Policy: Cancellation *must* be made by e-mail to pmckenna@ctnonprofitalliance.org. The attendee is still responsible for payment unless cancellation is received at least seven (7) calendar days before the workshop.

Where did you hear about us?

Training Catalog Website Social Media

Word of Mouth Nonprofit Advantage E-mail

Print this registration form and then mail or fax it to us — or — [REGISTER ONLINE](http://www.ctnonprofits.org/education/offerings) for our workshops!