

CT COMMUNITY NONPROFIT ALLIANCE

formerly



WORKSHOP REGISTRATION FORM

REGISTRATION INFORMATION

Association Member Non-Member

Agency Name _____

Billing Address _____

City, State Zip _____

Phone _____

Required: Please check the box of each true statement:

- I work/volunteer for an organization serving Fairfield County
- I am a Board Member or consultant for a nonprofit that serves Fairfield County
- I am an individual who resides in Fairfield County
- None of the above

Attendee(s) Name*

1. _____

Attendee Title _____

Attendee Email** _____

Board Member? Yes No

Workshop Name & Date _____

2. _____

Attendee Title _____

Attendee Email** _____

Board Member? Yes No

Workshop Name & Date _____

3. _____

Attendee Title _____

Attendee Email** _____

Board Member? Yes No

Workshop Name & Date _____

* Substitutions are Welcome

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

TO REGISTER

Register online at www.ctnonprofits.org/education

Payment policy: Payment is required in advance.

Or mail or fax your registration information and payment to:

CT Community Nonprofit Alliance, Inc.

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 \$ _____

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 _____

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

Copy of registration to be forwarded to:

Name _____

Email Address _____

To be paid by Employer Employee

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