



2013 One-Day Workshop

Community Engagement Through Healthy Partnerships

Registration Form

Friday, May 3, 2013—9:30 a.m.– 4:30 p.m.

Legacy Room—Dreyfus University Center
University of Wisconsin-Stevens Point

Registrant Information

Name (s) _____

Orchestra / Organization Affiliation _____

Address _____

City, State, Zip _____

Daytime Telephone _____ E-mail _____

Workshop Registration (lunch and refreshments included) PLEASE NOTIFY US OF ANY FOOD PREFERENCES!

Prior to April 22 (\$35) # of Registrants _____ x \$ _____

After April 22 (\$40) # of Registrants _____ x \$ _____

Payment Information

_____ Check Enclosed (payable to CWSO)

_____ Credit Card (VISA or MasterCard only, please)

Name on Card _____

CC # _____ Exp. ____ / ____

Signature _____

Please complete form and return to:

CWSO
P.O. Box 65
Stevens Point, WI 54481
FAX: 715-345-2903
E-Mail: cwso@cwso.org
Telephone: 715-345-2976