



Name _____

Position/Title _____

Organization _____

Address _____

Phone _____ Email _____

My position is best described as:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Educator | <input type="checkbox"/> Program | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Art / Humanities | <input type="checkbox"/> Financial | <input type="checkbox"/> Senior Management | |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Fund Development | <input type="checkbox"/> Volunteer | |

List the name and date for each session for which you are registering:

Workshop Name: _____ Date: _____

Workshop Name: _____ Date: _____

Workshop Name: _____ Date: _____

Workshop Name: _____ Date: _____

Workshop Name: _____ Date: _____

Total the cost for all sessions you are requesting and enter here \$ _____

Make check payable to *ARLS Southside Community Partners* for the amount totaled.

Mail completed form with check to: *ARLS Southside Community Partners, 209 E. Cawson St., Hopewell, VA 23860*

NOTE: No refunds or credits will be issued for missed sessions. Light refreshments served at all fee based sessions.

Please complete a separate form for each registrant. Walk-in fee is \$30.

Questions? Need more information:

(804) 458-6329, ext. 2013 or southsideinfo@connectnetwork.org

Information and registration also available online at www.ConnectSouthside.org/NPTraining

