

SEMINAR – WORKSHOP REGISTRATION

Today's Date: _____

Name of Workshop: _____

Workshop Date: _____

Workshop Cost (if any): \$ _____

.....

Full Name / Nickname for Nametag: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

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If applicable, make check payable to Eastern Illinois University

Mail this form to:

Southeastern Illinois Chapter of SCORE
3011 Lumpkin Hall, Eastern Illinois University
600 Lincoln Avenue
Charleston, IL 61920

For more information, Call (217) 581-3522 or Fax (217) 581-3527.