

PIP's Leadership Workshops

Spring 2008 REGISTRATION FORM

Name and date of workshop _____

Name of Organization: _____

Address of Organization _____

Telephone No.: _____ Fax No.: _____ E-mail

Name (s) and Title (s) of Individual (s) attending (If you need more space, indicate to see other side):

(1) _____

(2) _____

Name and date of workshop _____

Name of Organization: _____

Address of organization _____

Telephone No.: _____ Fax No.: _____ E-mail

Name (s) and Title (s) of Individual (s) attending ((If you need more space, indicate to see other side):

(1) _____

(2) _____

USE BACK OF THIS FORM FOR ADDITIONAL REGISTRANTS

Payment Information

Enclosed is a check for attendees payable to Partnership In Philanthropy _____

Credit Card (Visa, Mastercard, Am Ex) Number _____

Expiration date _____ Security Code _____

Name on card _____

No reservations will be accepted without checks or credit card information and names of attendees. PIP reserves the right to cancel any workshop. If we cancel a workshop, we will notify each registrant as soon as possible. The registrant may then choose either a full refund or credit toward another workshop. Registrants who cannot attend a workshop may send a replacement at no extra cost. Any registrant choosing to cancel a registration must notify PIP at least three working days prior to the workshop. The registrant may then choose to attend another PIP workshop or request a refund minus a \$10.00 handling fee. If cancellation is less than three days prior to the workshop, there will be no refunds or credits.

Travel directions will be sent with workshop confirmation.

PLEASE RETURN THIS FORM NO LATER THAN 1 WEEK PRIOR TO YOUR EARLIEST DESIRED WORKSHOP. 205 Main Street, Chatham, NJ 07928

Phone: 973-701-9810

Fax: 973-701-9812

E-mail: jwackenhut@pipnj.org