|  |  |  |
| --- | --- | --- |
| **Workshop/Training Title:** |  | **Date: [DD/MM/YYYY]** |
| **Location:** |  | |

**Participant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Email Address:** |  | **Phone Number:** |  |
| **Job Title:** |  | **Organization/Company:** |  |
| **Address:** | **City, State, ZIP Code** | **Province/State** | **Country** |

**Workshop/Training Sessions Selection**

**Please select the sessions you plan to attend:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Session 1:** ☐ Yes ☐ No | **Session 2:** ☐ Yes ☐ No | **Session 3:** ☐ Yes ☐ No | **Session 4:** ☐ Yes ☐ No |
| **Session 5:** ☐ Yes ☐ No |  |  |  |

**Experience Level**

**Please indicate your experience level:**

|  |  |  |
| --- | --- | --- |
| ☐ Beginner | ☐ Intermediate | ☐ Advanced |

**Special Requests**

**Dietary Restrictions:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ None | ☐ Vegetarian | ☐ Vegan | ☐ Gluten-Free | ☐ Other: |
| **Special Accommodations:** |  | | | |

**Additional Information**

**How did you hear about this workshop/training?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ Email | ☐ Social Media | ☐ Colleague | ☐ Website | ☐ Other: |
| **Comments or Questions:** | |  | | |

**Payment Information**

**Registration Fee:**

|  |  |  |
| --- | --- | --- |
| **Standard:** $\_\_\_\_\_\_\_\_ | **Student:** $\_\_\_\_\_\_\_\_ | **Group:** $\_\_\_\_\_\_\_\_ |

**Payment Method:**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Credit Card | **Cardholder Name:** |  | |
| **Card Number:** |  | CVV: |
| **Expiration Date:** |  | |
| ☐ PayPal |  | ☐ Check (Payable to: |  |

**Confirmation**

**By submitting this form, I acknowledge that I have read and agree to the workshop/training's terms and conditions.**

* ☐ I agree

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** | Signature | **Date:** | (DD/MM/YYYY) |