

Workshop Registration Form

Fax to: **UNH Technology Transfer Center**

Fax #: **603-862-0620**

Fax from (Name): _____ Affiliation: _____ Fax: _____

Workshop Date, Title, and Location: _____

Name: _____ SSN# requesting CEUs: _____ Cell phone & Carrier: _____

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Name: _____ SSN# requesting CEUs: _____ Cell phone & Carrier: _____

Affiliation: _____ Phone: _____

Address: _____ *Email: _____

Town/City of: _____ State: _____ Zip _____

***We only accept UP TO FIVE registrations from one municipality for each workshop date/location.**

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Town/City of: _____ State: _____ Zip _____

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- **Waitlist:** Get on the waitlist for workshops that are *full*. You will be contacted if space becomes available or when additional workshops are scheduled.
- **CEUs:** Please note that CEUs are \$20 extra per person for each workshop.