



MWPA Workshop Registration Form

GENERAL INFORMATION

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Email: _____

Phone: _____

PAYMENT INFORMATION

Workshop (1): _____

Fee: \$ _____

Instructor/Date: _____

☐ Check enclosed

☐ Please charge my Mastercard or VISA

SCHOLARSHIP

☐ Applying for a full scholarship. *In addition to this form, please complete the scholarship application on the MWPA website.*

COMMENTS

CREDIT CARD INFORMATION

MC/VISA: _____

Expiration Date: _____ 3-digit Code: _____

Address, zip, and all card info must be provided for us to charge a card.

FOR OFFICE USE ONLY

DATE:

CHECK/CARD:

APPROVAL:

☐ Database

☐ Financial

☐ CONFIRMATION