

Trainer Course

Registration Form
Online registration is also available at www.treadlightly.org.

COURSE DATE/LOCATION March 15, 2008 - Puyallup, Washington ATTENDEE INFORMATION

Prefix:		
First Nam	ne:	Last:
Title:		Organization:
Address:_		City:
State:	Zip:	
Contact P	hone:	Fax:
Email:		
	NT INFORMATION On fee: \$50 per person (N non-refundable 2 weeks prior to course date)
Enclosed i	s my check or money ord	er in the amount of \$
Bill my cre	edit card in the amount of	·\$
Visa	MasterCard	American Express
Card #:		Expiration date:
Name on C	Card:	
-	L NEEDS cify any special needs yo	u may have.
Dietary:		
Disability:		
checks payat	ble and mail to: Tread Lightly	complete this form as soon as possible for space availability. Make , Inc. 298 24 th Street, Suite 325, Ogden, Utah 84401. Registration can) to (801) 621-8633. Questions? Call Mary at (800) 966-9900.
For Office Date:	e Use ONLY:	Conf: