



Workshop Registration

Workshop Title: _____

Workshop Location: _____ Date: _____ Time: _____

Organization Name: _____

Mailing Street: _____

Mailing City: _____ Mailing State/Province: _____ Mailing Zip/Postal Code: _____

Phone: _____ Fax: _____

Please register the following:

1. First Name: _____ Last Name: _____

Title: _____ Email: _____

2. First Name: _____ Last Name: _____

Title: _____ Email: _____

3. First Name: _____ Last Name: _____

Title: _____ Email: _____

4. First Name: _____ Last Name: _____

Title: _____ Email: _____

5. First Name: _____ Last Name: _____

Title: _____ Email: _____

TNOYS Members— \$45 x _____ persons = \$_____

Non-Members— \$60 x _____ persons = \$_____

Return to— Texas Network of Youth Services
2525 Wallingwood Drive
Austin, Texas 78746
Fax: (512) 328-6863

Make checks payable to TNOYS.

More information: Contact Faith Gordon at (512) 328-6860 or email info@tnoys.org.

Please make photo copies of this form as needed.