

Individual or Group Registration:

Please provide complete information for EACH participant.

Confirmation of course registration and workshop details will be sent by email to each participant.

Upon completion of course a McGrath Certificate of Completion will be sent to each participant.

Please make copies of this page if necessary.

If address or school site is the same for multiple participants - you may enter "same as above."

PLEASE PRINT CLEARLY - Thank you

Participant Name _____ Work Phone _____

Org / District Name _____

Job Title _____

Dept or School Site _____

Participant Work Site Address _____

City _____ State _____ Zip _____

Email Address _____

Alternate Email Address (Required) _____

Participant Name _____ Work Phone _____

Org / District Name _____

Job Title _____

Dept or School Site _____

Participant Work Site Address _____

City _____ State _____ Zip _____

Email Address _____

Alternate Email Address (Required) _____
