

WORKSHOP REGISTRATION FORM

Register early!

1. Participant Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Occupation _____

Organization _____

Work Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Preferred E-mail address _____

Cellular phone _____

Logistics information will be sent upon receipt of registration via email. If you do not have email, where should information be sent?

home address work address

This information will be used for lodging and meal arrangements:

male female

Special dietary restrictions, food allergies, or preferences (e.g. vegetarian). Please explain:

*Early Arrival: Room Requested (Additional fee of \$55 pp/night)

If you are going to need special accommodations at our workshop (e.g. a sign language interpreter or accessible accommodations), please let us know at least six weeks in advance of the workshop so that we can best meet your needs.

2. Workshop Selection

Workshop Name _____

Dates _____ Location _____

Workshop Name _____

Dates _____ Location _____

Workshop Name _____

Dates _____ Location _____

How did you first hear about this workshop?

Workshop catalog Website Conference

Adventure Connection or other mailing _____

Awareness Day Practitioners' Symposium

Referral: PA client, colleague, PA representative or employer

3. Payment Calculation

All workshops require payment in full to reserve a space. Payments should be made in US funds and drawn on a US bank. For public or government agencies, a purchase order will be accepted if a tax-exempt certificate is submitted.

50% of tuition is non-refundable unless cancellation notice is given at least two weeks prior to the date of the workshop.*** Please use the spaces below to calculate the total cost for your workshop. Meals are a required expense at our Beverly and Covington locations.

Tuition	<input type="text"/>
Meals	<input type="text"/>
Lodging	<input type="text"/>
Early Arrival*	<input type="text"/>
Tax**	<input type="text"/>
Total Amount Due	<input type="text"/>

4. Payment Type

Check (check #) _____

Purchase Order (PO #) _____

Billing Address _____

MasterCard Visa American Express

Card no. _____

CCID (code from back of card) _____

Cardholder's name _____

Signature _____

Exp. Date _____

How to Register

To register on line, go to our website www.pa.org or fax or mail your form to:

Project Adventure
Workshop Registrar
701 Cabot Street
Beverly, MA 01915
Fax 978/524-4501

** In MA, there is a 5% tax on meals for all catalog workshops. If you are a non-profit organization, you must attach your tax exempt certificate for a tax exemption.

In GA, there is a 7% state sales tax on meals and a 12% tax on lodging. Georgia does not provide a general exemption for tax exempt organizations.

Project Adventure reserves the right to accept or reject applicants with or without cause. Prices are subject to change without notice. Project Adventure, Inc. is an international non-profit, tax-exempt organization that adheres to both the letter and the spirit of all Federal, State, and Local Non-Discrimination and Sexual Harassment laws.

*** Refund is less 10% handling fee.