



MWPA Workshop Registration Form

GENERAL INFORMATION

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Email: _____
Phone: _____

SCHOLARSHIP

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

COMMENTS

PAYMENT INFORMATION

Workshop (1): _____
Fee: \$ _____
Workshop (2): _____
Fee: \$ _____
Workshop (3): _____
Fee: \$ _____
TOTAL \$ _____

- Check enclosed
- Please charge my Mastercard or VISA

CREDIT CARD INFORMATION

MC/VISA: _____
Expiration Date: _____
Signature: _____

