

The Cispus Collaboration Workshop Registration Form

First Name			
Last Name			
Address			
City/State/Zip			
Phone		Email	
Agency/Org.			
Dietary Restrict	ions? Please Specify		
Gender – For Ro	oom Assignments:		
Male - Female			
Payment:			
•	is by credit card or check. Fee	s must be paid in full at time of registration.	
The regist	ration fee includes lodging, m	neals, and workshop materials.	
	credit card email this registra er at 360-497-7131 with the c	ition form to Katy Kelly at kelly@cispus.org redit card number.	
To pay by check to h		to Katy Kelly at kelly@cispus.org and mail the	
The Cispu	The Cispus Learning Center 2142 Cispus Road Randle, WA 98377-9305.		
Please ma	ske checks payable to: The Cis	pus workshop.	
For Questions about the Workshop contact:		For Questions about the Registration Form contact:	
Erin McConnell emcconne@blm.gov (541) 519-0100		Katy Kelly Kelly@cispus.org 360-497-7131	

