



The Stories First Foundation

Group Registration for Professional Learning

Professional Learning

Event Name: _____

Event Location: _____ Event Date: _____

Group Information

Group Name: _____

School System Educational Nonprofit Educational For-Profit Business Other

City

Province/State, Zip

Country

Group Contact

Contact Name: _____ Phone: _____

Contact E-mail Address _____

Payment Information

Note: Confirmation will be provided by e-mail within three business days of receipt of registration.

- \$75 per person, single day event X number of attendees
 \$150 per person, two-day event X _____ number of attendees
 Eligible to attend through Project Refugees Welcome Other (attach documentation)

Total Amount Due \$ _____

Check (make payable to The Stories First Foundation)

Pay online via Paypal

Visa MasterCard American Express

Name on Card _____

Credit Card Number _____

Expiration Date _____

Signature _____

Cancellation Policy

All requests for refunds must be made in writing via fax, e-mail, or mail to the Stories First Foundation. Due to contractual commitments, cancellations received less than 24 hours before the event, including all no-shows, will not be eligible for a refund. However, substitutions are permitted.

Americans with Disabilities Act (ADA)

If you have any special needs as identified in the ADA that require specific aids or services, please notify The Stories First Foundation by phone at 865-336-0496 or via e-mail at outreach@storiesfirst.org prior to the workshop.

Comments: _____

Event Attendees

Attendee 1

Full Name : _____ Email: _____

Vegetarian Food Allergies _____

Other accommodations (optional): _____

Attendee 2

Full Name : _____ Email: _____

Vegetarian Food Allergies _____

Other accommodations (optional): _____

Attendee 3

Full Name : _____ Email: _____

Vegetarian Food Allergies _____

Other accommodations (optional): _____

Attendee 4

Full Name : _____ Email: _____

Vegetarian Food Allergies _____

Other accommodations (optional): _____

Attendee 5

Full Name : _____ Email: _____

Vegetarian Food Allergies _____

Other accommodations (optional): _____

Attendee 6

Full Name : _____ Email: _____

Vegetarian Food Allergies _____

Other accommodations (optional): _____

Attendee 7

Full Name : _____ Email: _____

Vegetarian Food Allergies _____

Other accommodations (optional): _____

Attendee 8

Full Name : _____ Email: _____

Vegetarian Food Allergies _____

Other accommodations (optional): _____

Attendee 9

Full Name : _____ Email: _____

Vegetarian Food Allergies _____

Other accommodations (optional): _____

Attendee 10

Full Name : _____ Email: _____

Vegetarian Food Allergies _____

Other accommodations (optional): _____

Please attach any additional attendees.