|  |  |  |
| --- | --- | --- |
|  | LEVELING UP For Success | |
| **REGISTRATION FORM** | | |
| **Instructions: Return completed form for this training opportunity to FEW – Northeast Region, RTP 2022, c/o Dawn Nester, P. O. Box 804, Farmington, NH 03835-0804. The registration form *must* be postmarked no later than *Wednesday, October 12, 2022*. Registration will be acknowledged via e-mail when received. For additional information, please e-mail Dawn Nester at histrylady@yahoo.com** | | |
| **PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY**  **Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City/State/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Your Chapter’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **or check a box below**    **I am not currently a FEW member**  **I am interested in joining/re-joining FEW** | | **AGENCY/COMPANY INFORMATION (NO ACRONYMS)**  **Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City/State/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Fax (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **EMERGENCY CONTACT INFORMATION** | | |
| **Person to Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Person’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Please state any special needs that may require alternate arrangements or emergency medical treatment:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **REGISTRATION – MUST be postmarked no later than Wednesday, October 12, 2022**   |  |  |  | | --- | --- | --- | | **Number Being Registered** | **Amount Being Paid** | **Means of Payment[[1]](#footnote-1)** | |  | **$25 for members** |  | |  | **$30 fo all others** |  | | | |
| **This event is open to government and non-government employees, government contractors, and the general public.** | | |

~ ~ ~ ~ ~

|  |
| --- |
| OFFICE USE ONLY  Date received: \_\_\_\_\_ Registration Number: \_\_\_\_\_\_ Payment: $\_\_\_\_\_  Form Received by: \_\_\_ Mail \_\_\_ E-mail |

Working for the advancement of women in the government

1. “Means of Payment” include personal check, government check, or government credit card [↑](#footnote-ref-1)