

**Volunteer Reception Center  
Regional Training Exercise**



**REGISTRATION FORM**

**Please FAX this registration form to:**

\_\_\_\_\_ Yes, we plan to attend the Volunteer Reception Center Training Exercise on ?

\_\_\_\_\_ No, we are not able to attend the training, but would like to learn more!  
Please call us at the number listed below.

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Attendees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Any Special diet needs? Explain:** \_\_\_\_\_

**Total number attending:** \_\_\_\_\_