

Registration Form

Collaborative Resource Management
The Cispus Workshop

February 27 - March 3, 2017

Registration is filled on a first come-first served basis!
Space is limited.

Registration fee includes class materials, lodging, and food.

| | | |
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| Last Name | | Agency or Organization <u>Please pick from the following:</u> |
| First Name | | <input type="checkbox"/> US Army Corp of Engineers |
| Title | | <input type="checkbox"/> USDA Forest Service |
| Address | | <input type="checkbox"/> USDI Bureau of Land Management |
| City | | <input type="checkbox"/> USDI Bureau of Reclamation |
| State | | <input type="checkbox"/> USDI Fish and Wildlife Service |
| Zip | | <input type="checkbox"/> Idaho Dept. of Parks & Recreation |
| Business phone: | | <input type="checkbox"/> Oregon Dept. of Fish & Wildlife |
| Email address: | | <input type="checkbox"/> Oregon Dept. of Forestry |
| For Room Assignment <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Oregon State Parks |
| Dietary needs: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (please specify): | | <input type="checkbox"/> OSU College of Forestry |
| How did you hear about the Cispus Workshop? | | <input type="checkbox"/> Washington Dept. of Fish & Wildlife |
| | | <input type="checkbox"/> Washington Dept. of Natural Resources |
| | | <input type="checkbox"/> Washington State Parks |
| | | <input type="checkbox"/> Other (Please specify): |

PAYMENT

Any Questions?

Contact: Denine Schmitz

d1schmit@blm.gov

(541) 523-1453

Payment is by credit card, cash, or check. Fees must be paid in full at time of registration. Workshop fee is \$1,200 by February 1 and \$1,400 after that date. The registration fee includes lodging, meals, and workshop materials. **Please make checks payable to: The Cispus Workshop.**

Cancellations by February 6, 2017 will be refunded the full registration less a \$150 cancellation fee. There will be no refunds after February 6, 2017.

To pay by credit card mail/fax this signed form to Katy Kelly at the address below:

Credit Card #

Exp. Date

Card Holder Name (Print)

Card Holder Signature

Date

Mail or FAX this form to:
The Cispus Learning Center
2142 Cispus Road
Randle, WA 98377-9305
Phone: (360) 497-7131
FAX: (360) 497-7132

