

WASTAR Conference

September 17-18, 2007

Lake Tahoe, NV

Registration

Please type or print clearly.

Registrant Information

Name of Registrant _____
This name will appear on your certificate.

Organization _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Fax _____
Area code Area code

Work phone _____ E-mail _____
Area code Required for online courses

Primary field Prevention Treatment Other

Payment Information Registration Fee \$ 100 _____

(Payment by purchase order (check must follow), check, and credit card will be accepted.) Please make checks payable to the **Board of Regents**.

Please charge my: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	
<input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card No. _____	_____
Expiration Date _____	Signature as it appears on your card _____

Mail or fax your registration to:

CASAT/279
University of Nevada, Reno
Reno, NV 89557-0204
Toll free: 866.617.2818
Phone: 775.784.4707
Fax: 775.784.1840

Please submit a separate registration form for each workshop. Please duplicate as needed.

Registration Form

Please fax registration form to **Michelle Berry** at 775.784.1840