



REGISTRATION FORM

Municipality:

Billing address:

Phone/Email:

Attendee(s)	Course Name(s)	Course Date(s)
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Amount Enclosed _____ *

Check Number _____

SEATING IS LIMITED. PLEASE BE SURE TO REGISTER IN ADVANCE.

VLCT is committed to making this program accessible to all individuals, regardless of disability. Please let us know if you have any special needs.

To register, please do one of the following:
Return to: Vermont League of Cities and Towns, 89 Main Street, Suite 4, Montpelier, VT 05602-2948
Fax to: (802) 229-2211
Email to: nmcsparan@vlct.org

***Cancellation Policy:**
For a full refund, please cancel in writing 20 days prior to the scheduled course. Please note that, for your convenience, you may pre-register without paying. However, if you do not attend the workshop and have not cancelled in writing or via email by the deadline, you will be billed for the full cost of the course.

For full course descriptions you can go to **www.knowledgewave.com**

Course dates are subject to change without notice.