

REGISTRATION FORM--PLEASE RETURN TO NWEI AFTER SESSION ONE!

PLEASE RETURN TO NWEI AFTER YOUR FIRST SESSION! Why does NWEI need this information? In order to keep accurate participant records and for grant reports. This information is for NWEI use only, and is not shared with any other organization. Please have everyone in your group fill this out, and return to NWEI after your first session. Thank you!!

COURSE COORDINATOR'S NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
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E MAIL: _____

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PHONE (H): _____ PHONE (W): _____
E MAIL: _____

TO BE FILLED OUT BY THE COURSE ORGANIZER, OR NWEI VOLUNTEER REPRESENTATIVE WHO FACILITATES THE FIRST MEETING:

START DATE: _____
MEETING TIME: _____
COURSE NAME: _____
COURSE COORDINATOR: _____
MENTOR (IF APPLICABLE): _____
TYPE OF GROUP [HOME, COMMUNITY, BUSINESS, GOVERNMENT, NON-PROFIT]: _____
NAME & ADDRESS OF MEETING PLACE: _____

MAIL TO NWEI 107 SE WASHINGTON ST. SUITE 235, PORTLAND, OR 97214; FAX TO 503-227-2917 OR SCAN & EMAIL TO CONTACT@NWEI.ORG.
THANK YOU VERY MUCH FOR YOUR SUPPORT!!!