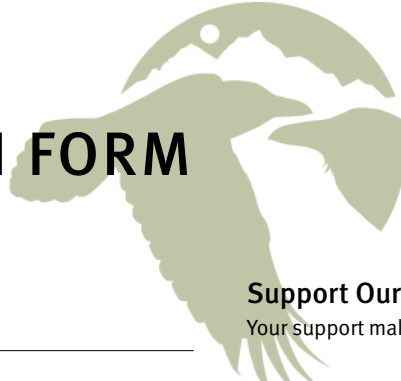


REGISTRATION FORM



Seminar Registration

NAME [PERSON A]

NAME [PERSON B]

ADDRESS

CITY STATE ZIP

COUNTY E-MAIL

HOME PHONE WORK PHONE

How did you learn about these classes?

Please enroll me/us for the following:
Remember to multiply the tuition fee by the number of people enrolling.

CLASS NUMBER TITLE

CHOOSE LODGING (IF APPLICABLE) TUITION FEE

ENROLL PERSON(S) TOTAL

CLASS NUMBER TITLE

CHOOSE LODGING (IF APPLICABLE) TUITION FEE

ENROLL PERSON(S) TOTAL

Support Our Work

Your support makes our programs possible.

\$250 \$500 \$1000 \$5000 Other _____

I would like to pledge \$_____ per month for _____ years
for a total of \$_____. Please bill my credit card.

Method of Payment:

Check, payable to North Cascades Institute Visa MasterCard

CREDIT CARD NUMBER EXP. DATE 3-DIGIT SECURITY CODE

SIGNATURE (AS NAME APPEARS ON CARD)

Please send me information about planned giving.
 I am interested in volunteer opportunities.

TOTAL CONTRIBUTION \$ _____

GRAND TOTAL (INCLUDING REGISTRATION SUBTOTAL) \$ _____

Cancellations

If a registration is cancelled 21 days or more before a program starts, we will refund the tuition minus an registration fee. Fees are \$25 for tuition of \$99 or less; \$50 for \$100-299; \$75 for \$300-799; \$125 for \$800 or more. Cancellations received less than 21 days before the start of a program will not receive a refund. If we are forced to cancel a program, participants will receive a full refund or transfer option.

NORTH CASCADES INSTITUTE

810 STATE ROUTE 20, SEDRO-WOLLEY, WASHINGTON 98284
360-854-2599 NCI@NCASCADES.ORG

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