




HOW TO USE THIS FORM

The Registration Form on the following page is an editable PDF Form. To use it, follow the steps below:

- 1) Fill the form out directly on the page. Using your mouse to click on a line in the form will bring up a cursor, so you can begin typing. Check boxes can be checked by clicking with your mouse.
- 2) Save the form, using the FILE>SAVE AS command. Name the form with your name or initials. The form is now saved with your information.
- 3) E-mail the form to info@workplaceflexibility.org.

If you have any difficulty with this process, you may print the form out and fill it out by hand. The form can be faxed to 301-681-0882.





CONFERENCE REGISTRATION FORM

First Name: _____ Middle Initial: _____

Last Name: _____

Degree(s): _____

Nickname for Badge: _____

Title: _____

Department: _____

Affiliation: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Mobile Phone: _____

E-mail: _____

Emergency Contact Information: _____

Are you attending the reception and dinner, November 29, 2010? Yes No

Are you attending the program, November 30, 2010? Yes No

Are you a presenter? Yes No

Please return this form via e-mail to
info@workplaceflexibility.org