



Cultural Competency Training REGISTRATION FORM

This registration form along with payment are due to the Greater Cedar Valley Chamber, P.O. Box 367, Cedar Falls, IA 50613 at least one week prior to the training session registered for. For additional information, please contact Bob Justis at (319) 266-3593 or bob@greatercedarvalleychamber.com. Each session is limited to 20 participants.

Participant Names _____

Training Opportunity:

_____ An Introduction to Working within a Multicultural Environment

Session Date: _____

Number Attending _____ x \$250 Total \$ _____

Contact Person _____

Telephone: _____ Fax: _____

E-mail: _____

Total Due \$ _____ Check Enclosed _____

Credit Card # _____ Expiration Date _____

Type of Card: Visa or MasterCard CVN (3 digit code on back) _____

Cardholder _____

Mailing Address _____

City, State, and Zip _____

Authorized Signature: _____ Date: _____