



Temple, Inc. Training Workshop Registration Form

Workshop Name (TES-201, 202, 300, 332):

Workshop Date:

Workshop Course Option (1 – 3):

Attendee Name:

(First)

(Middle)

(Last)

Attendee Phone:

Attendee Email:

Organization/Agency Name:

Organization/Agency Address:

City:

State:

Zip:

Contact Name:

Contact Phone:

Contact Email:

Payment Method (Choose one): Check

Purchase Order

Credit Card

How To Register:

Email the completed registration form to G. Blake Temple gblake.temple@temple-inc.com

Registration form must include the following:

- **Attendee Name**
- **Attendee Organization/Agency**
- **Training Workshop Class and Date**
- **Course Option (Options 1 – 3)**
- **Payment Method (check, purchase order, credit card)**

After the form is submitted, you will receive an email confirming whether registration is available.

Please note that registrations will be on a "first-come, first-serve basis." Turning in a registration form does not guarantee a seat.