

# WORKSHOP REGISTRATION FORM



Please complete and mail to:

**Connecticut Conference of Municipalities**  
**Workshop Registration**  
900 Chapel Street, 9th Floor  
New Haven, CT 06510-2807

[www.CCM-CT.org](http://www.CCM-CT.org)

You may also fax this form to CCM at: 203-497-2477

PLEASE REGISTER ME FOR: \_\_\_\_\_  
Workshop Name

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
municipality/organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
city/town zip

\_\_\_\_\_  
phone fax

This form may be filled out on your computer. Begin by placing your cursor on Workshop Name. TAB between fields & enter your info. PRINT and MAIL or FAX when completed.

Workshop Fee: \$\_\_\_\_\_ (Please refer to Workshop page for correct amount)

Enclosed Bill me; P.O. Number: \_\_\_\_\_

(Make checks payable to, and mail to, CIRMA)

Accommodation Requested (ADA). To ensure your full participation, please notify us of any accommodation necessary for a special need or disability. Or call the TDD line: (203) 498-3075 during business hours.

**I belong to a:**

**CCM Member Municipality / Organization**

**Non-Member Municipality / Organization**

**Questions? Call 203-498-3018**