

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

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