

General Registration Form



Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Complete the following Information for each workshop

Workshop Name	Location	Date	Time	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pre-registration is needed to guarantee space in classes.

Payment Information

Make check payable to WBDC. Mail payment and registration form to the WBDC, 8 South Michigan, Suite 400, Chicago, IL 60603. 312 853 3477 Fax: 312 853 0145

Total fee enclosed: _____

Check MasterCard Visa AMEX Money Order

Card Number: _____ Expiration Date: _____

Authorized Signature: _____

Refund Policy: The WBDC will give a full refund (less a \$5.00 service fee) up to 7 calendar days prior to the start of the series. No refund will be granted after this time, however, the fee can be credited toward future workshops. For more information please call 312-853-3477, ext. 0.