



WORKSHOP REGISTRATION FORM

Please mail at least one week before workshop

Title of Workshop you are registering for:

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____

Fax: _____

Email: _____

Registration Fee (please circle)

APVA member	\$20.00
Non-member	\$30.00

For more information

Regarding Registration:

Janet Romeo jromeo@epicli.org

Regarding Membership:

Anna Lyons info@apvali.org

Send registration form and check to
(Make check payable to APVA)

APVA

PO Box 1475

North Massapequa, NY 11758

www.apvali.org