

REGISTRATION FORM

Register for:

Title _____

Name _____

Name _____

Address _____

Phone _____

E-mail _____

Special dietary needs? _____

\$20: enclosed PayPal stipend request

Select one AM & one PM session to attend:

AM: A B C D

PM: E F G H

Seating is limited. Please register early. Thank you.

SEND REGISTRATION AND CHECK

TO:

Down Syndrome Community
c/o Anne Mullis, 5276 Old Mill Rd.
Bainbridge Island, WA 98110

OR

EMAIL THE INFORMATION TO:

anne@oldmillmicro.com

and pay with PayPal at

www.downsyndromecommunity.org

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