

Evaluation for Social Service Providers

WORKSHOP REGISTRATION FORM

Where do you want to hold the workshop?

Baltimore, MD

Maritime Institute Training & Conference Center

692 Maritime Boulevard

Linthicum Heights, MD 21090

Other Location::

1. YOUR ORGANIZATION

Name

Address

Phone

Fax

2. LIST WORKSHOP ATTENDEES (Use additional sheets if necessary)

Attendee #1

Title

Email

Attendee #2

Title

Email

Attendee #3

Title

Email

3. PREFERRED WORKSHOP DATES

#1 _____

#2 _____

4. MAIL PAYMENT

\$800 for 1 staff member \$1475 for 2 staff members \$1925 for 3 staff members

MAIL PAYMENT TO:

The Kellidge Group, Inc. | 1616 N Calvert Street | Baltimore, MD 21202-2804

FAX TO 1-410-727-3463

(NO COVER SHEET NECESSARY)