

CRIME PREVENTION THROUGH ENVIRONMENTAL DESIGN

Workshop Registration Form

Instructions: Complete this form to register a team of up to eight individuals from your neighborhood. Fill in your neighborhood name, then complete one section for each participant. Email the completed form to jacqueline.gonzalez@houstontx.gov

Deadline: Return registration form no later than Tuesday, September 20, 2022.

Questions? Contact the HPD Office of Community Affairs at 713-308-3200

Neighborhood: _____

1	Name _____ Phone _____ Email _____	Accommodation Needs <input type="checkbox"/> wheelchair access <input type="checkbox"/> ASL interpreter <input type="checkbox"/> other: _____	Dietary Needs <input type="checkbox"/> allergy: _____ <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> other: _____
2	Name _____ Phone _____ Email _____	Accommodation Needs <input type="checkbox"/> wheelchair access <input type="checkbox"/> ASL interpreter <input type="checkbox"/> other: _____	Dietary Needs <input type="checkbox"/> allergy: _____ <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> other: _____
3	Name _____ Phone _____ Email _____	Accommodation Needs <input type="checkbox"/> wheelchair access <input type="checkbox"/> ASL interpreter <input type="checkbox"/> other: _____	Dietary Needs <input type="checkbox"/> allergy: _____ <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> other: _____
4	Name _____ Phone _____ Email _____	Accommodation Needs <input type="checkbox"/> wheelchair access <input type="checkbox"/> ASL interpreter <input type="checkbox"/> other: _____	Dietary Needs <input type="checkbox"/> allergy: _____ <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> other: _____
5	Name _____ Phone _____ Email _____	Accommodation Needs <input type="checkbox"/> wheelchair access <input type="checkbox"/> ASL interpreter <input type="checkbox"/> other: _____	Dietary Needs <input type="checkbox"/> allergy: _____ <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> other: _____
6	Name _____ Phone _____ Email _____	Accommodation Needs <input type="checkbox"/> wheelchair access <input type="checkbox"/> ASL interpreter <input type="checkbox"/> other: _____	Dietary Needs <input type="checkbox"/> allergy: _____ <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> other: _____
7	Name _____ Phone _____ Email _____	Accommodation Needs <input type="checkbox"/> wheelchair access <input type="checkbox"/> ASL interpreter <input type="checkbox"/> other: _____	Dietary Needs <input type="checkbox"/> allergy: _____ <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> other: _____
8	Name _____ Phone _____ Email _____	Accommodation Needs <input type="checkbox"/> wheelchair access <input type="checkbox"/> ASL interpreter <input type="checkbox"/> other: _____	Dietary Needs <input type="checkbox"/> allergy: _____ <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> other: _____