

North Country Center of Nonprofit Excellence

Workshop Registration

Complete form below

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: (_____) _____

Organization: _____ Title: _____

Position Level:

Entry Level

Mid-Level/Manager/Coordinator

Executive/Board Leadership

Board Member

Please indicate workshop you are registering for: _____

Price: \$ _____

Payment Method:

Check

Checks Payable to United Way of Northern New York

Credit Card

Card Number: ____-____-____-____

Exp Date: ____ CVV: ____

Name on Card: _____

Billing Address: _____

City: _____ State: __ ZIP: _____

Cash

Comments:

United Way of Northern New York
NC Center of Nonprofit Excellence Workshop RSVP
200 Washington Street, Suite 402A
Watertown, NY 13601

Phone: (315) 788 – 5631
Email: natasha.gamble@unitedway-nny.org

Please email your completed form to Natasha Gamble at natasha.gamble@unitedway-nny.org