

CONTINUING EDUCATION REGISTRATION FORM

(Print form and mail to RISNA with appropriate fee enclosed, Baker-Hanley House, 67 Park Place, West Pawtucket, RI 02860)

Name of Program(s) _____

Date(s) of Program(s) _____

Name of attendee _____

Address _____

Phone _____ **Email** _____

RISNA MEMBER _____
Total amount enclosed \$ _____

Write in dinner selection if applicable _____