

**REGISTRATION FORM FOR REGION II TRAINING ACADEMY
SEPT 23-24, 2020
WYNDHAM GARDEN HOTEL, YORK, PA**

NAME: _____ **E-MAIL ADDRESS:** _____

HOME ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

CHAPTER NUMBER: _____

PLEASE CIRCLE: DC DE MD NJ PA OTHER?

BREAK-OUT TABLES:

IN LIEU OF CLASSES, WE WILL BE HAVING BREAK-OUT TABLES.
BY DOING SO, YOU CAN PARTICIPATE IN ANY OR ALL OF THE BREAK-OUT AREAS
AS YOU CARE TO.
THUS, NO CLASS SELECTIONS ARE NECESSARY.
THESE BREAK-OUT TABLES WILL BE ON VARIOUS TOPICS OF CONCERN TO OUR
MEMBERS.

EXACT TOPICS WILL BE AVAILABLE AT A LATER DATE.

(PLEASE SUBMIT SUGGESTIONS FOR TOPICS THROUGH THE OFFICERS)