

Registration Form

One person per form please – photocopy additional copies. **Confirmation notices will NOT always be sent** – therefore retain a copy of this form for your records. Faxed registrations must be followed with full advance payment. **Questions or information call (858) 292-5702 or fax (858) 292-9943**

Save Time – Register Online!
www.npsolutions.org

Name _____

Title _____

Organization _____

Address _____

City/State/Zip _____

Work phone (____) _____ Fax (____) _____

E-Mail Address _____

Home Phone (____) _____

Emergency Contact Phone (____) _____

DATE	Workshop Title	Fee

NMS Member _____ TOTAL _____

INDIVIDUALS WITH DISABILITIES WILL FIND OUR FACILITIES ACCESSIBLE. PLEASE NOTIFY US TWO WEEKS PRIOR TO THE WORKSHOP DATE IF YOU REQUIRE SPECIFIC ASSISTANCE.

Mail with Payment to : NONPROFIT MANAGEMENT SOLUTIONS
 8265 Vickers Street, Suite C, San Diego, CA 92111

Payment Enclosed: Visa MasterCard Discover AMEX Check

Card # _____ Expiration Date _____

Card Holder Name _____

Authorized Signature _____

<p>Organization Type</p> <p><input type="checkbox"/> 1 Arts/Culture</p> <p><input type="checkbox"/> 2 Education</p> <p><input type="checkbox"/> 3 Health</p> <p><input type="checkbox"/> 4 Human Services</p> <p><input type="checkbox"/> 5 Other _____</p>	<p>Annual Budget</p> <p><input type="checkbox"/> A Under \$200,000</p> <p><input type="checkbox"/> B \$200,000 - \$999,999</p> <p><input type="checkbox"/> C \$1,000,000 - \$4,999,999</p> <p><input type="checkbox"/> D \$5,000,000 - \$49,999,999</p> <p><input type="checkbox"/> E \$50,000,000 and above</p>
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