

Autumn 2008 WORKSHOPS

Detach and send registration form with payment to:

The Children's Home of Wheeling, Inc.

Attn: Judy Dietrich

1 Orchard Road

Wheeling, WV 26003

Workshop Registration Form

Agency (if applicable): _____

Contact Person: _____ Phone: _____

Address: _____

Street

City

State

Zip Code

REGISTRANTS: Please PRINT FULL NAMES clearly	WORKSHOP #	FEE
1.		
2.		
3.		
4.		
5.		
6.		

Credit Card Information

Credit Card #: _____

Visa _____

MasterCard _____

Expiration Date: _____

Signature (required): _____



For more information or any questions about our workshops, if you have special needs or disabilities which require accommodation in order to participate, or you would like to be removed from our mailing list, please contact:

Judy Dietrich

Phone: (304) 233-2367, ext. 246

Fax: (304) 233-3246

Please note: If you wish to pay by credit card, you may submit form with payment information via fax