



SERVICE
LEADERSHIP
COLLABORATION
EXCELLENCE

Event Registration Form

(Please Print – Form Must Be Complete to Process Registration)

Event# _____ Session # _____ Session Date(s): _____

Event Title: _____

Participant Name: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

District: _____ Grade : _____

Check Level that Best Applies: Elementary Middle School High School Office Staff

School Name: _____

Email Address: _____

PAYMENT INFORMATION

IF NO COST, REGISTER ON-LINE: www.solutionwhere.com/WW/wayneresa/Default.aspx

Workshop Cost: _____

Purchase Order Cash Check Credit Card

Purchase Order # _____
(Submit Purchase Order with this Form)

Check # _____
(Submit Check Payable to Wayne RESA with this Form)

Credit Card # _____

Expiration Date: _____ Security Code (on back of card): _____

Cardholder Name: _____

Billing Address – MUST MATCH NAME ON CARD:

Signature _____

Date _____

Wayne RESA Event Services Office: 734.334.1508

SUBMIT COMPLETED FORM:

Wayne RESA Event Services
33500 Van Born, Wayne, MI 48184

FAX: 734.334.1622
EMAIL: Events@RESA.net