



WOTM Training Session Pre-Registration Form

Chapter Name: _____ Chapter #: _____
 Contact Name: _____ Contact Phone: _____
 Training Site & No.: _____ Class Date: _____

COST = \$10/Person

Complete the following information for all Officers attending training:

PLEASE PRINT LEGIBLY

<u>Position</u>	<u>Name</u>	<u>MID#</u>	<u>Amt Pd</u>
Senior Regent			
Junior Grad Regent			
Junior Regent			
Secretary/Treasurer			
Recorder			
Co-worker			
Co-worker			
Co-worker			
Co-worker			

Total Amt Paid: _____

Total Number of Attendees: _____

Check #: _____

Please Complete and Return this form along with check made payable to Cindy Schilling

Cindy Schilling
 PMA Fraternal Education Coordinator
 408 W Horner St., #17
 Ebensburg, PA 15931

