



WOTM Training Session Pre-Registration Form

Chapter Name: _____ Chapter #: _____
Contact Name: _____ Contact Phone: _____
Training Site & No.: Annual Convention Class Date: 8/19/21

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 Past Regent			
Secretary			
Treasurer			
Member			
Member			
Member			
Member			

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

