

# **CBODN Program Registration Form**

**Note:** Some fields may not apply to every program. Please complete the fields that are applicable.

Name of Program \_\_\_\_\_

Program Date \_\_\_\_\_

Name of Members Attending \_\_\_\_\_ Cost \$ \_\_\_\_\_

Name of Non-members Attending \_\_\_\_\_ Cost \$ \_\_\_\_\_

Number Attending \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Payment Method: Check \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Amex \_\_\_\_\_

Card No: \_\_\_\_\_ Expiration Date \_\_\_\_\_

CCV# \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please send registration and payment by fax, mail, or email to :

CBODN  
1325 G St. NW, Suite 500  
Washington, DC 20005

Fax- +1 202 962-3939

Phone- +1 202 686-1314

[admin@cbodn.org](mailto:admin@cbodn.org)