

THE PEACE CENTER

Workshop Registration Form

Date _____

Name _____

Organization _____

Address _____

City _____ St _____ Zip _____

Telephone, Day _____ Eve _____

e-mail _____

Name of Workshop(s)	Date	Cost
	Total enclosed	

To register for a workshop, print this form, fill in, and mail with check payable to:

The Peace Center
102 W. Maple Ave.
Langhorne, PA 19047-2820