

# Sandhill Workshop Registration Form

Please use a separate form for EACH workshop registration



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Workshop Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Where did you hear about our workshops? \_\_\_\_\_

## Additional attendees:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_

## Payment

Cost \$ \_\_\_\_\_ (x) # of Attendees \_\_\_\_\_ = \$ \_\_\_\_\_ (+)

Dorm Donation if applicable  
(\$15 per night/per person if NOT included in the registration fee) \$ \_\_\_\_\_ = TOTAL

AMOUNT ENCLOSED: \$ \_\_\_\_\_

Send to: DNR, Sandhill, PO Box 156, Babcock, WI 54413

Questions? 715-884-6335, Britt.Searles@Wisconsin.gov.