

Sandhill Workshop Registration Form

Please use a separate form for EACH workshop registration



First Name: _____ Last Name: _____

Workshop Name: _____

Email Address (Optional): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Where did you hear about our workshops? _____

Additional attendees:

Name: _____

Address: _____

City, State, Zip: _____

Telephone #: (_____) _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone #: (_____) _____

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? Contact 715-884-6333, Richard.Thiel@Wisconsin.gov
or 715-884-6335, Britt.Searles@Wisconsin.gov.