

CompassPoint

Registration Form

One person per form please.
If you have any Special Needs please contact us so we can do what we can to make our services accessible to you.

1

Contact Info

FIRST NAME	LAST NAME	AREA CODE & PHONE
ORGANIZATION	TITLE	AREA CODE & MOBILE PHONE
ADDRESS		
CITY	STATE	ZIP
EMAIL ADDRESS (REQUIRED FOR CONFIRMATION)		

Accessibility Needs: Wheelchair access, ASL interpretation, service animal, etc.:

Please check one of the following that best describes your agency:

<input type="checkbox"/> Animal Rights/Welfare	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services
<input type="checkbox"/> Arts & Humanities	<input type="checkbox"/> Environment	<input type="checkbox"/> Social Justice
<input type="checkbox"/> Community Development	<input type="checkbox"/> Health	<input type="checkbox"/> Other _____

2

Conference / Workshop

Write in your conference or workshop selection below.

Workshop Title	Date	Location	Fee

Bulk Discount: Buy 5 or more workshop registrations, get one free.

3

Payment

TOTAL FEE

Choose one:

- Check enclosed.** (make check payable to "CompassPoint Nonprofit Services")
- Credit Card (circle one)** Visa MasterCard American Express

_____	_____	_____	_____
CARD NUMBER	EXP. DATE	CVV	BILLING ZIP CODE

PRINT CARD MEMBER NAME AS IT APPEARS ON THE CARD

Mail registration and payment to: CompassPoint Nonprofit Services Credit card registration can also
500 12th Street, Suite 320 be faxed to 415-541-7708
Oakland, CA 94607