



SERVICE  
LEADERSHIP  
COLLABORATION  
EXCELLENCE

# Event Registration Form

*(Please Print – Form Must Be Complete to Process Registration)*

Workshop # \_\_\_\_\_ Session # \_\_\_\_\_ Title: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

District: \_\_\_\_\_ Grade : \_\_\_\_\_

Check Level that Best Applies:  Elementary  Middle School  High School  Office Staff

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

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

## PAYMENT INFORMATION

**IF NO COST, REGISTER ON-LINE: [www.solutionwhere.com/WW/wayneresa/Default.aspx](http://www.solutionwhere.com/WW/wayneresa/Default.aspx)**

Workshop Cost: \_\_\_\_\_

Purchase Order  Cash  Check  Credit Card

Purchase Order # \_\_\_\_\_  
*(Submit Purchase Order with this Form)*

Check # \_\_\_\_\_  
*(Submit Check Payable to Wayne RESA with this Form)*

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (on back of card): \_\_\_\_\_

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

Billing Address – MUST MATCH NAME ON CARD:

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUBMIT COMPLETED FORM:**

Wayne RESA Event Services  
33500 Van Born, Wayne, MI 48184

FAX: 734.334.1622  
EMAIL: [Events@RESA.net](mailto:Events@RESA.net)

*THE WAYNE COUNTY REGIONAL EDUCATIONAL SERVICE AGENCY*

Board of Education • James S. Beri • Mary E. Blackmon • Danielle Funderburg • Lynda S. Jackson • James Petrie • Randy A. Liepa, Ph.D., Superintendent