



- - R E G I S T R A T I O N F O R M - -

Name: _____

Street address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Organization name: _____

Planning to attend: All days Thursday Friday Saturday Sunday

Time/day of arrival: _____ Time/day of departure: _____

Will pay full conference rate (\$80)

Need scholarship, but can pay \$ _____

Dietary needs: _____

Allergies or other special needs: _____

I want to learn:

I want to teach:

Please return this registration form with payment (by check) to:

WORT-FM
c/o GRC-11 Registration
118 S. Bedford St.
Madison, WI 53703

Visit <http://GrassrootsRadio.info> for housing and transportation information, (including low/no-cost options) and the conference workshop schedule when it becomes available.