

**SUMMER WORKSHOP REGISTRATION FORM**  
**To be completed by each participant. Please fax (3934978) or email to**  
**psweeting@bnt.bs.**

<b>Last Name</b>			
<b>First Name</b>			
<b>WORK ADDRESS</b>			
<b>Name of School/ Institution</b>			
<b>Address line 1</b>		<b>Phone</b>	
<b>Address line 2</b>		<b>Fax</b>	
<b>P.O. Box</b>		<b>email</b>	
<b>Island, Country</b>		<b>Job Title &amp; Grade Level(s)</b>	
<b>HOME ADDRESS</b>			
<b>Address line 1</b>		<b>Phone (H)</b>	
<b>Address line 2</b>		<b>Phone (C)</b>	
<b>P.O. Box</b>		<b>Fax</b>	
<b>Island, Country</b>		<b>email</b>	
<b>OTHER INFORMATION</b>			
<b>Health Insurance Company</b>		<b>Policy #</b>	
<b>Dietary Restrictions</b>			
<b>Allergies</b>			
<b>Current Medications</b>			
<b>EMERGENCY CONTACT INFORMATION</b>			
<b>Name</b>		<b>Relation</b>	
<b>Address line 1</b>		<b>Phone (H)</b>	
<b>Address line 2</b>		<b>Phone (C)</b>	
<b>P.O. Box</b>		<b>Fax</b>	
<b>Island, Country</b>		<b>email</b>	