



GRANT PROPOSAL WRITING WORKSHOP REGISTRATION FORM

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____, TX Zip: _____

Telephone #: (____) _____ (M): (____) _____

E-Mail: _____

Please indicate which workshop you prefer to attend (indicate #1, #2, #3) by placing an "X" in the boxes. Workshop attendance will be confirmed on a first-come-first served basis. Seven dates/locations within the County help provide maximum flexibility for scheduling your participation.

Workshop

	1 st	2 nd	3 rd
March 22-23 – Luling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
April 18-19 – Lockhart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
April 26-27 – Luling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May 24-25 – Lockhart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 18-19 – Lockhart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 26-27 – Luling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
September 13-14 – Luling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Return to: cccs.foundation1@gmail.com or PO Box 1177, Lockhart, TX 78644

DO NOT SEND REGISTRATION FEE AT THIS TIME

When your attendance is confirmed, you will receive more information about how to prepare for the workshop and instructions for registration fee payment options.