# CBODN Program Registration Form

**Note**: Some fields may not apply to every program. Please complete the fields that are applicable.

Name of Program _____

Program Date _____

Name of Members Attending _____ Cost  $_____

Name of Non-members Attending _____ Cost  $_____

Number Attending _____

Name _____

Address _____

City _____ State _____ Zip _____

Tel:_____ Fax: _____

E-mail: _____

Amount Enclosed _____

Payment Method: Check _____ Visa _____ Mastercard _____ Amex_____

Card No: _____ Expiration Date_____

CCV#_____

Special Instructions _____
_____
_____

Please send registration and payment by fax, mail, or email to :

CBODN
1325 G St. NW, Suite 500
Washington, DC 20005

Fax-     +1 202 962-3939
Phone- +1 202 686-1314

admin@cbodn.org