

CARING ACROSS THE BOUNDARIES
Workshop Application Form 2006

EXPRESSION OF INTEREST

AGENCY:		
CONTACT:	TITLE:	
ADDRESS:	TELEPHONE:	
	FAX:	
	EMAIL:	
	WEBSITE:	
Briefly explain how this workshop will benefit your agency and your community:		
In order to assist our planning please indicate 3 sets of dates that would be most convenient for your agency.		
#1 (mm/dd/year)	#2 (mm/dd/year)	#3 (mm/dd/year)