

## March 2019 WomenTech Educators Online Bootcamp Registration Form

Email this form to: [store@iwitts.org](mailto:store@iwitts.org)

Mail or fax this form to:

National IWITTS  
 1150 Ballena Blvd., Suite 102  
 Alameda, CA 94501-3682  
 Fax: (510) 749-0500

**Questions:**

Contact IWITTS at  
[store@iwitts.org](mailto:store@iwitts.org) or call  
 (510) 749-0200

**Purchasing Agent Contact Information** *(Please fill out this section completely)*

<b>Name</b>	
<b>School/Organization</b>	
<b>Billing Address</b>	
<b>Phone Number</b>	
<b>Fax Number</b>	
<b>Email</b>	
<b>Job Title</b>	

<b>Early-bird Price Until Jan 31</b>	<b>\$6500</b>
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**Payment Terms:** Price per team of 6-10 people. Team registration is confirmed on receipt of payment by check or credit card. We do not accept purchase orders. Please note, we cannot reserve a space for your school team without payment.

**Regular Registration Starts Feb 1st: \$7500**

**Attendee Information** *(Please enter all information below.)*

Full Name <i>(First, Last)</i>	Email	Job Title	Work Phone	FEE
<b>TOTAL</b>				

# National Institute for Women in Trades Technology & Science WomenTech Training Order Form

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## METHOD OF PAYMENT

Check – Make check payable to National Institute for Women in Trades, Technology & Science (National IWITTS)

Credit Card – Please complete Credit Card Billing Information Section at bottom of form.

## CREDIT CARD BILLING INFORMATION

MasterCard  Visa

\_\_\_\_\_  
Credit Card Number/Expiration Date

\_\_\_\_\_  
CVN (3-Digit Card Verification # on Back of Card)

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Is this a company card? If yes, please indicate name of company on card.

## BILLING INFORMATION

\_\_\_\_\_  
Name/Job Title

\_\_\_\_\_  
School/Organization/Company/Department (Line 1)

\_\_\_\_\_  
School/Organization/Company/Department (Line 2)

\_\_\_\_\_  
Address (*your billing address must match the address on your credit card statement or your credit card may be declined*)

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email (Required)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

## SHIPPING INFORMATION

*(If different from billing)*

\_\_\_\_\_  
Name

\_\_\_\_\_  
School/Organization/Company/Department

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email (Required)

\_\_\_\_\_  
Phone

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