

November 2020 WomenTech Educators Recruitment Online Bootcamp Registration Form

Email this form to: store@iwitts.org

Mail or fax this form to:

National IWITTS
402 Tideway Drive
Alameda, CA 94501-3682
Fax: (510) 749-0500

Questions:

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

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

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

Early Registration Ends 3/31	\$4,499
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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.

Team Key Contact's Information *(Please enter all information below). What career pathway will your team target? (1 per team)*

Key Contact Name	
Job Title	
Email	
Phone Number	
Career Pathway	

Pricing *(Please check off the correct registration option)*

Early-Bird Registration	Ends March 31	\$4,499 per team of 6-10 participants	
Regular Registration	April 1 - Oct 18	\$4,999 per team of 6-10 participants	
Late Registration	Oct 19 - Oct 31	\$5,499 per team of 6-10 participants	

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

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METHOD OF PAYMENT (No POs)

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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