

Oct-Nov 2020 WomenTech Online Bootcamp Team 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	

See website for tuition fees.

Payment Terms: Registration covers a team of 6-10 people. Team registration is confirmed on receipt of payment by check, credit card, or electronic transfer. **We do not accept purchase orders.** Please note, if you are using this print order form (instead of registering online), we cannot reserve a space for your school team until the check (payment) has been received.

Attendee Information* *(Please enter all information below) What career pathway will you target? (1 per team)* _____

Full Name <i>(First, Last)</i>	Email	Job Title	Work Phone	FEE
Key Contact:				—
				—
				—
				—
				—
				—
				—
				—
				—
				—
			TEAM FEE	

*Attendee information can be filled out after registration.

National Institute for Women in Trades Technology & Science WomenTech Manufacturing 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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