

# June 2024 WomenTech Online Bootcamp Team Registration Form

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

Mail or fax this form to:

National IWITTS  
 402 Tideway Drive  
 Alameda, CA 94501-3682

**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>School Phone</b>	
<b>Cell Number</b>	
<b>Email</b>	
<b>Job Title</b>	

**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/Department	Phone	FEE
Key Contact:				—
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				—
			<b>TEAM FEE</b>	

\*Attendee information can be filled out after registration.

# National Institute for Women in Trades Technology & Science WomenTech Bootcamp 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

\_\_\_\_\_  
Cell Phone

## SHIPPING INFORMATION

(If different from billing)

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Phone

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