

RI²⁰¹⁷docent symposium REGISTRATION FORM

Each form must be mailed separately with a separate check, no bulk registrations. To register online with a credit card, or to print out additional paper registration forms, visit www.docentsymposium.com and select REGISTRATION. All registrations are due by 4/10/17, but register early -- space is limited & sessions will fill fast.

Name : _____

Email: _____

Address: _____

City/State/Zip: _____

Phone: _____

Organization: _____

Name Preferred for Name Badge: _____

I am a: Docent/Guide Staff Member

Position Title: _____

BREAKOUT SESSIONS

You will be assigned to limited space-sessions on a first-come, first-served basis. Please number your 1st, 2nd & 3rd choices for each breakout session:

Breakout Session 1:

Session A Session B Session C

Breakout Session2:

Session D Session E Session F

LUNCH

Lunch must be pre-ordered when you register for the Symposium. Select an option below (lunch comes with wrap, chips, fruit and cookie)

Turkey Ham Roast Beef Vegetarian

Any dietary restrictions/allergies?: _____

PAYMENT

Registration: \$25.00

Total Enclosed: _____

Payment must be included with registration. Please make checks payable to the RI Historical Society, write "Docent Symposium Registration" on the check memo line.

Remit your registration to:

RI Historical Society, Attn: Docent Symposium, c/o Rachel
110 Benevolent Street, Providence, RI 02906

OR REGISTER & PAY ONLINE
at www.DocentSymposium.com
(highly encouraged!)