

# CYBER WORKSHOP REGISTRATION FORM

**CLASS:** \_\_\_\_\_

**PERSONAL INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Country \_\_\_\_\_

e-mail \_\_\_\_\_

Phone \_\_\_\_\_

**SEND CHECK OR MONEY ORDER (US FUNDS ONLY) AND THIS FORM TO:**

Dakota Rogers  
1041 Rockafellow Court  
Canon City, CO 81212-9173  
USA

Canada and Mexico add \$7.50

Other Countries add \$8.50