



InsideNGO Event Registration Form

Please complete this form to register for a workshop or webinar.

Today's Date:		
Name of Event/Workshop:		
Event Date(s):	Event Location:	
Your Full Name (for your Name Badge):		
Your Certificate Name (for your Certificate of Attendance):		
Your Job Title:		
Name of Your Organization:		
Your Office Street Address:		
Your Office City:	Your Office State:	
Your Office Country:	Your Office Postal Code:	
Your Office Telephone:	Your Office Fax:	
Your office E-mail:		
How did you hear about this event? (please check at least one area):		
<input type="checkbox"/> Paper Flier	<input type="checkbox"/> Email Notice	<input type="checkbox"/> Postcard
<input type="checkbox"/> HQ Office recommendation	<input type="checkbox"/> Previous attendee recommendation	<input type="checkbox"/> USAID Recommendation
<input type="checkbox"/> Other:		
Your Primary Area(s) of Responsibility (please check at least one area):		
<input type="checkbox"/> Finance/Accounting	<input type="checkbox"/> Grants/Contracts	<input type="checkbox"/> Programs
<input type="checkbox"/> HR/Organizational Development	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Legal
<input type="checkbox"/> Recruitment	<input type="checkbox"/> Administration/Facilities Mgmt	<input type="checkbox"/> Safety/Security/Staff
<input type="checkbox"/> Audit/Compliance	<input type="checkbox"/> Executive/Senior Management	<input type="checkbox"/> Field Operations
<input type="checkbox"/> Fundraising/Marketing/Business Devel.	<input type="checkbox"/> Government Relations/Advocacy	<input type="checkbox"/> Procurement/Purchasing
<input type="checkbox"/> Other (please specify):		