

International Guidance Counselor Tour

July 12th – 16th

Registration Form

GENERAL INFORMATION:

Prefix: _____ First Name: _____

Last Name: _____ Title: _____

Current School: _____

School Address:

Work Email: _____ Personal Email: _____

Work Phone: _____ Personal Phone: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____

Emergency Contact Phone: _____

SPECIAL NEEDS:

Special dietary needs, if any:

Other needs (i.e. physical) that you would like to make us aware of:

Please return this form to:

Michelle Kowalsky, Western New England University, 1215 Wilbraham Road, Springfield, MA 01119, Fax 413-782-1777