

**JUDGE DAVID'S 11th COMMUNITY IN-SERVICE
REGISTRATION FORM**

www.communityinservice.com

(Please copy and submit a separate registration form for each person)

Name: _____

Agency: _____

Address: _____

Email: _____

Please make your check payable to: Judge David's In-Service
Registration Fee: \$45 per person (\$55 after March 14, 2010)

Mail to: Pat Isenhower, Witham Health Services, PO Box 1200,
Lebanon, IN 46052

Please mail with Payment today!

One check per organization covering all individuals registering is acceptable; however, please include a separate registration form for each person attending, even if submitting only one check.

***PLEASE NOTE: DUE TO OVERWHELMING RESPONSE IN
PAST YEARS, REGISTRATION on the event date IS NO
LONGER AVAILABLE.***

Total Amount Enclosed: _____