## **Medi-Sota Workshop Registration**



Click on the workshop that you wish to view.

To register – Click <mark>REGISTER</mark> or JOIN right under the title of the workshop.

Clicking EVENT OPTIONS will allow you to print the information, Save it to your Outlook, and Invite Others.

The workshop brochure is available for viewing at the bottom of the page.

(L) 00000	ער וווטר וורטיבר אינ ווורר א	Dawson, any 30232				1	
Home	Education V Recruit	ment Services Mee	tings-Events	Current Vendors V	Member List	Links-Resource	es Log
Medi-Sota Ev	ent Registration			vv	orkshops/E	vents	
Name (*)	Guest				Reminder: You Must Workshop Vi	Also Register if Att a Videoconferencin	tending a ng.
Address (*)					Please contact Me	gan Gorres with eo	ducation
					guestions at educ 320	)-564-5015	rgorat
City (*)				c	lick Here for a List o	f Previously Held V	Vorkshops
State (*)	MN	]			Videoconferencing	Instructions / Info	rmation
Zip Code (*)				Ca	endar		
Work Phone (*)					М	arch 2016	
Home Phone (*)				28	29 1	2 3	4 5
Email (*)				6	7 8 14 15	9 10 16 <b>17</b>	11 12 18 19
Employing Facility (*)				20	21 22 28 29	23 24 30 <b>31</b>	25 26 1 2
Wadshee Oliowing	- On Site - Permete Site						
Location)							
If attending the workshop thru a Please enter the location of the re	video conference. Imote video conference site						
Offsite Location Name							
If more than 1 person is attending	the workshop.						
Please enter the other attendees	name(s) in the Comments section below.						
Please enter the location of t	ne remote video conterence	site.					
Offsite Location Nam	ne						
If more than 1 person is atter	ding the workshop.						
Please enter the other attend	lees name(s) In the Commen	ts section below.					
Commen	ts						
Are you a member o Medi-Sota, Inc	$\stackrel{\text{of}}{?} \odot \stackrel{\text{res}}{\bigcirc} \bigcirc \stackrel{\text{No}}{\bigcirc}$						
Tickets (	*) 1	$\checkmark$	Medi-Sot	a Member - 200	. V Add	ticket	
	Total: 0.00 \$						
	This is for Medi-So	ta members					
Payment (	*) Send by Mail						
If registration requires	navment please send t						
Minnesota West Comm	unity & Technical Colle	ege					
Connie Hacker		-					
1011 First Street West							
Canby, MN 56220 Fax: 507-223-7162							
102.007 220 7102							
Additional Paymer	nt						
Informatio	n						
(*) - Denotes a required	l field.						
	Submit						
							_

Fill in the form with the information for the registered person who wishes to attend the workshop. It is important that if you are filling out the form for someone else, please use the registrants email so they receive confirmation information as well as other details/handouts for the workshop.

- If more than 1 person is registering for the class, please include that information in the Comments box.
- Identify the # of tickets (people registering for the workshop).
- Click Add ticket. This will show the amount owed (if any).
- You can click Send by Mail under Payment and then included payment information in the box below.
- Click SUBMIT.

If you have any issues registering for a workshop, please call the Medi-Sota office at 320-769-2269 or email jgearman@medi-sota.org and Jennifer will be happy to assist you.