

# Pagan Pride Day Workshop Registration



First Name: \_\_\_\_\_ Last Name : \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Workshop / Presentation: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments / Questions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Instructions:

Complete the form, and mail to:

Mike Avery c/o Louisville Pagan Pride  
5406 Laurel Tree Place  
Louisville, KY 40229-2241