

Darlene A. Hall, Ph.D.
Intersections Consulting
415.297.7265
IntersectionsConsulting@gmail.com
Psy #16666

Program Evaluation Workshop Series Registration Form

Name _____

Organization _____

Title _____

Address _____

City, State, Zip Code _____

Phone Number (____) _____

Email _____

Workshop 1: Program Evaluation Training YES _____ NO _____

Mark an "X" next to the site where you will attend the workshop:

_____ 5/20/10 **Camp Fire** 10:00 a.m. – 3:00 p.m.
405 14th Street, # 204, Oakland

_____ 5/21/10 **The San Francisco Foundation** 10:00 a.m. – 3:00 p.m.
225 Bush Street, 5th Floor, SF Room A, San Francisco

Workshop 2: Program Evaluation Workshop YES _____ NO _____

Mark an "X" next the site where you will attend the workshop:

_____ 6/15/10 **Camp Fire** 10:00 a.m. – 3:00 p.m.
405 14th Street, # 204, Oakland

_____ 6/23/10 **The San Francisco Foundation** 10:00 a.m. – 3:00 p.m.
225 Bush Street, 5th Floor, SF Room A, San Francisco

Fee: \$50 for one workshop per person \$90 for both workshops per person

Total fee enclosed: \$ _____ (Payable to: Intersections Consulting - money orders or institutional checks only; no personal checks, no refunds, no make-ups.)

Mail REGISTRATION FORM AND CHECK to: Darlene A. Hall, Ph.D., Intersections Consulting, 2354 Post Street, San Francisco, CA 94115