

DR. JEFF MENZISE - INTERNALIZED RACISM

REGISTRATION FORM

Please circle one: Ms., Mr., Dr. or Rev. _____
NAME

ADDRESS _____ CITY, STATE, ZIP _____

(_____) _____ (_____) _____
PHONE CELL

EMAIL *Please print email address clearly. Confirmations for workshop attendance will be sent by email*

How did you hear about this program? _____

FEE: \$50

MAIL REGISTRATION TO:

Scarritt-Bennett Center • Attn: Programs Department • 1008 19th Ave. S., Nashville, TN 37212

Reservations are not considered final until payment and confirmation letter is received.

For more information call 615.340.7557 or email kjohnson@scarrittbennett.org

PAYMENT INFORMATION

Payment by: Check VISA MasterCard AmEx

MAKE CHECKS PAYABLE TO: Scarritt-Bennett Center

\$ _____ **TOTAL** (includes all taxes)

PLEASE PRINT CLEARLY

CREDIT CARD # _____

EXPIRATION DATE _____

3-4 DIGIT SECURITY CODE (on back) _____

CARDHOLDER PRINTED NAME *(as it appears on card)*

CARDHOLDER SIGNATURE



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