



CAREER TRAINING INSTITUTE

WANTO – Apprenticeship and Non-traditional Occupations Exploratory Workshop REGISTRATION FORM (2018)

Name _____

Address _____

City, State, zip _____

Phone # _____

Alt Phone # _____

E-mail _____



I WANT TO ATTEND THE:

___ **Butte** workshop September 21st at *Highlands College, Butte, MT*. Mail registration: c/o Tony Patrick 25 Basin Creek Road, Butte, MT 59701 or scan to e-mail: APatrick@mtech.edu

___ **Havre** workshop September 29th at MSUN, mail registration: c/o Lorren Schlotfeldt Brockmann 207 PO Box 7751, Havre, MT 59501-7751 or scan to e-mail: lorren.schlotfeldt@msun.edu

___ **West Yellowstone** workshop October 3rd at the Town of W. Yellowstone, MT.

Mail registration: Kathy Arnado, Town of West Yellowstone, PO Box 1570, West Yellowstone, MT 59758, or scan and e-mail to: socialservices@townofwestyellowstone.com

___ **Bozeman** workshop October 20th Gallatin College East, Bozeman, MT. Mail registration: Paula Hunthausen, 347 N Last Chance Gulch Helena, MT 59601 or scan to e-mail: phunthausen@ctibrc.org

___ **Billings** workshop November 2nd, City College, Billings, MT. Mail registration: Paula Hunthausen 347 N Last Chance Gulch Helena, MT 59601 or scan to e-mail: phunthausen@ctibrc.org

Please list any food restrictions: _____

_____ I need assistance with transportation costs to attend the workshop.

I will be traveling # _____ miles roundtrip to attend the workshop.

Questions? E-mail or call Paula Hunthausen 406-443-0800 x121 phunthausen@ctibrc.org

Registration confirmation will sent to you via e-mail.