Masonic Model Student Assistance Program

Training Registration Form

Check One -Training Location: ___**Louisville, KY** ___**Lexington, Ky**
Training Date: **June 11-13 2008** **June 18-20 2008**
___**Ashland, Ky** ___**Madisonville, Ky**
June 16-18 2008 **June 9-112008**

School	
Contact Name	
School Address	
Zip Code	
Contact Phone (Inc. Area Code)	
School Fax	

Name of Participants	**Title**	**Email**	**Phone**

- **For questions about registration, please call Dr T Dwaine Riddell 606 643 5050 cell or email at info@kymasonicmodel.com**
- The Grand Lodge of Kentucky provides training costs, materials and meals during the training.
- Incidentals, mileage and lodging costs will be the responsibility of the participant or school district. Phone number and contact of Host Hotel will be provided if needed.
- Duplicate this form as needed for all workshop registrations.
- **Your team will receive a confirmation packet prior to the workshop.**
- Please call Dr. T. Dwaine Riddell if you must cancel or have an emergency and cannot attend the training.

Mail this registration form to:

Dr. T. Dwaine Riddell
Box 270
Irvine, Ky. 40336