



PIRS Workshop Registration

Complete form below to sign up for the workshop.

Name	<input type="text" value="first name"/>	<input type="text" value="last name"/>	
Email	<input type="text"/>		
Company/Organization	<input type="text"/>		
Address	<input type="text" value="street address line 1"/>		
	<input type="text" value="street address line 2"/>		
	<input type="text" value="city"/>	<input type="text" value="province"/>	<input type="text" value="zip code"/>
Phone Number	<input type="text"/>		
Title of Workshop/Date	<input type="text"/>		

