

ERS/WebIntelligence Refresher Training
Registration Form

This is a half-day class.

Please check which session you wish to attend:

_____ **Monday, June 24 9:00 - 11:30 a.m.**

_____ **Monday, June 24 1:00 - 3:30 p.m.**

Name: _____ **Agency:** _____

Telephone: _____ **Fax:** _____

Email Address: _____

Mailing Address: _____

Fax or email your completed registration form to:

Linda Williamson Email: willili@dwd.state.wi.us Fax: 608-267-0330

Registration deadline: Friday, June 14, 2002