

Pre-Registration Form

Name _____

Address _____

School _____

School Division _____

Email Address _____

Would you be interested in serving on an SVCTM committee? _____

Workshop Session Preference (1st) _____ (2nd) _____

PRE-REGISTER BY SEPTEMBER 4th!

Mail to: Diane Tomlinson, SVCTM Secretary
Route 3, Box 26A
Lebanon, VA 24266

Include: \$10.00 Registration / Membership Fee
(\$1.00 Fee for Students)