

# REGISTRATION FORM

Please check one:

Hispanic Management Program

Hispanic Secretarial Program

Registration for Both Programs

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Organization \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Enroll me in the Seminar Entitled \_\_\_\_\_

Enroll additional personnel:

Secretarial

Management

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bill me

Bill Organization

Payment Enclosed \$ \_\_\_\_\_

STAMP

The National Hispanic Institute  
P.O. Box 1812  
Austin, Texas 78767