



Workshop Registration  
Engaged, Diverse and Inclusive  
December 11, 2015

**To Register: please email this form to: [info@insightsatlantic.com](mailto:info@insightsatlantic.com)**

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|--|--|
| Name   |  |
| Position Title   |  |
| Business Contact Information (including Organization name and address) |  |
| Telephone (Office)   |  |
| Telephone (Mobile)   |  |
| Fax  |  |
| Email  |  |
| Address for invoice purposes   |  |
| Nutrition:<br>Do you have dietary restrictions?                        |  |