



**TECHBRIDGE 2012 SUMMER TRAINING INSTITUTE
REGISTRATION FORM
AUGUST 1-3, 2012**

Name: _____

Date: _____

Contact Phone Number: _____

Organization: _____

Title: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

I would like to attend the 2012 Techbridge Summer Training Institute. The registration fee covers 3 days of training and Techbridge curriculum

_____ I will be the only participant. The registration fee for one is \$750.

_____ I will be accompanied by a second participant from my organization/school. The registration fee for two participants from the same organization is \$1,000. The name and email address of the second participant are:

Name: _____ Email: _____

Please make checks payable to **Techbridge**. Send your registration form and check to:

Techbridge
7700 Edgewater Drive, Suite 519
Oakland, CA 94621
Fax: 510-777-9193

For credit card payment, please send an email to info@techbridgegirls.org, and we will send you a payment request from our PayPal account. You **do not** need a PayPal account to complete the payment.

We look forward to seeing you summer 2012!

For any questions, please contact us at info@techbridgegirls.org or 510.777.9170 x315