

**The Impact Fund**  
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**Training Registration Form**

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

State Bar #: \_\_\_\_\_ IOLTA Legal Service Provider (check, if applicable):

Firm/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Fax #: \_\_\_\_\_ email: \_\_\_\_\_

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Name of Training: \_\_\_\_\_

Location: \_\_\_\_\_ City: \_\_\_\_\_

Number of Attendees from your firm/organization: \_\_\_\_\_

Please list the names/contact numbers of the other attendees from your firm, if applicable:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

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Payment Method:

\_\_\_ Pay Pal-- please visit our website at [www.impactfund.org](http://www.impactfund.org) to access our Pay Pal account. Please list "Training" under 'Item Title.'

\_\_\_ Check is enclosed. Please make check payable to: The Impact Fund, with "Training" listed in the Memo. Please mail payments to:

The Impact Fund 125 University Ave, Berkeley, CA 94710

\_\_\_ Credit Card

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How did you hear about the training? \_\_\_\_\_

Recommendations for other trainings: \_\_\_\_\_