



Antioch
New England Institute

Antioch University New England
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**NH Selectperson Institute
Program Registration Form**
Please print clearly

Name: _____

Your name, as you would like it to appear on Name Tag: _____

Address to which all correspondence and mailings should be sent:

Street or P.O. Box _____

Town/State/Zip _____

Home telephone: _____ Email: _____

Work telephone: _____ Email: _____

Town telephone: _____ Email: _____

Town you represent: _____

Are you a newly elected selectperson? yes no

If no, how many years have you served as a selectperson? years Year current term expires?

List 3 to 5 key issues you hope will be addressed at the training.

Please note the following:

1. Registration is **only open to individuals who currently hold the position of Selectman**
2. Opportunity for enrollment is on a **first come, first serve basis**. We only have space for the first 25 people.
3. **Mail registration to:** Jack Calhoun · Antioch New England Institute · 40 Avon Street · Keene, NH 03431
4. The **registration deadline** is April 11, 2008.

Registration fee of \$100.00. Please make check payable to Antioch New England Institute:

Check is enclosed

Check will be mailed later