MAKING GOOD
LAND-USE DECISIONS
Thursday, February 26; Thursday, March 4; Thursday, March 11

REGISTRATION FORM

• Advance registration is required.
• Registrations must be postmarked no later than Thursday, February 19, 2004.
• The sponsors reserve the right to close registration when seating capacity is reached.
• Please print clearly.
• Mail registration to Grow Smart Rhode Island, 345 South Main St., Providence, RI 02903

Your Name________________________________________________________________________
Mailing address____________________________________________________________________
City/town______________________________________State_________ Zip Code________________
Daytime _________________ Evening ________________
telephone____________________________ telephone___________________________________
Email address__________________________________
Council, Board or Commission on which you currently serve:
__________________________________________________________________________________
# years you have served _______________________
Other past Council, Board/Commission experience__________________________________________________________________________________
__________________________________________________________________________________
Please check if you own a copy: __Comp Plan __ Zoning Ordinance __ Subdivision Regulations
If you have a physical handicap, please check the appropriate spaces below so that we can be ready to accommodate you.
____Use wheelchair  _____Visually impaired  _____Deaf/hearing impaired
____Other (please specify)_____________________________________________
The total workshop fee for the three sessions is $30.00. Fee covers workshop, handbook, and light supper. Middletown has agreed to pay for officials’ participation in the workshops – other municipalities please check with the staff person for your public body to find out if your registration will be covered.

Please indicate how you will pay for the workshop.
____ Personal check (enclose check for $30.00 made out to Grow Smart Rhode Island)
____ My city/town has agreed to pay for my registration with a check mailed separately.

(Please see other side)
Please use the space below to tell us about parts of the training that are of particular interest to you and/or any specific questions that you have that you hope we will address during the training.