

**WEAR A KILT TO WORK DAY
REGISTRATION FORM**

Coordinator Information

First Name: _____
Last Name: _____
Company: _____
Address: _____
Suite/Room #: _____
City: _____
State: _____
Zip Code: _____
Phone: _____
Fax: _____
E-mail: _____

Check here if you do NOT want to receive e-mail updates about Wear A Kilt To Work Day.

Participant Information

of Employees: _____
of Locations: _____

How did you hear about Wear A Kilt To Work Day?

Source: Internet
 Radio
 Magazine Article
 TV
 Friend
 Other (please specify): _____

Questions or comments?