



# EIRAC Workshop Registration Form

July 22 – 24, 2024      University of Texas at Arlington

## Agency/Institution Information

Name of Agency: \_\_\_\_\_

URL for Agency: \_\_\_\_\_

## Attendee Information

### Attendee #1

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Track: (A, B, C or D) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Agency/Institution (\$475)       UT System (\$400)

### Attendee #2

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Track: (A, B, C or D) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Agency/Institution (\$475)       UT System (\$400)

### Attendee #3

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Track: (A, B, C or D) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Agency/Institution (\$475)       UT System (\$400)