



California Pan-Ethnic Health Network

Event Registration Fee Waiver Form

Event Name: _____

Event Date: _____ Location: _____

Name: _____ Phone: _____

Organization: _____ Fax: _____

Address: _____ E-mail: _____

Organization Description: _____

Organizational Budget: _____

Reason for Fee Waiver: _____

Scholarships are only available for workshop registration fee. Travel scholarships are NOT available. We will contact you in 2-3 business days regarding your request. Thanks for your interest!

Please mail to CPEHN, 654 13th Street, Oakland, CA 94612 or fax to (510) 832-1175.

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