

# CRIME PREVENTION THROUGH ENVIRONMENTAL DESIGN

## Workshop Registration Form

**Instructions:** Complete this form to register a team of up to eight individuals from your neighborhood. Fill in your neighborhood name, then complete one section for each participant. Email the completed form to [jacqueline.gonzalez@houstontx.gov](mailto:jacqueline.gonzalez@houstontx.gov)

**Deadline:** Return registration form no later than Tuesday, September 20, 2022.

**Questions?** Contact the HPD Office of Community Affairs at 713-308-3200

Neighborhood: \_\_\_\_\_

<b>1</b>	Name _____ Phone _____ Email _____	<b>Accommodation Needs</b> <input type="checkbox"/> wheelchair access <input type="checkbox"/> ASL interpreter <input type="checkbox"/> other: _____	<b>Dietary Needs</b> <input type="checkbox"/> allergy: _____ <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> other: _____
<b>2</b>	Name _____ Phone _____ Email _____	<b>Accommodation Needs</b> <input type="checkbox"/> wheelchair access <input type="checkbox"/> ASL interpreter <input type="checkbox"/> other: _____	<b>Dietary Needs</b> <input type="checkbox"/> allergy: _____ <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> other: _____
<b>3</b>	Name _____ Phone _____ Email _____	<b>Accommodation Needs</b> <input type="checkbox"/> wheelchair access <input type="checkbox"/> ASL interpreter <input type="checkbox"/> other: _____	<b>Dietary Needs</b> <input type="checkbox"/> allergy: _____ <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> other: _____
<b>4</b>	Name _____ Phone _____ Email _____	<b>Accommodation Needs</b> <input type="checkbox"/> wheelchair access <input type="checkbox"/> ASL interpreter <input type="checkbox"/> other: _____	<b>Dietary Needs</b> <input type="checkbox"/> allergy: _____ <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> other: _____
<b>5</b>	Name _____ Phone _____ Email _____	<b>Accommodation Needs</b> <input type="checkbox"/> wheelchair access <input type="checkbox"/> ASL interpreter <input type="checkbox"/> other: _____	<b>Dietary Needs</b> <input type="checkbox"/> allergy: _____ <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> other: _____
<b>6</b>	Name _____ Phone _____ Email _____	<b>Accommodation Needs</b> <input type="checkbox"/> wheelchair access <input type="checkbox"/> ASL interpreter <input type="checkbox"/> other: _____	<b>Dietary Needs</b> <input type="checkbox"/> allergy: _____ <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> other: _____
<b>7</b>	Name _____ Phone _____ Email _____	<b>Accommodation Needs</b> <input type="checkbox"/> wheelchair access <input type="checkbox"/> ASL interpreter <input type="checkbox"/> other: _____	<b>Dietary Needs</b> <input type="checkbox"/> allergy: _____ <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> other: _____
<b>8</b>	Name _____ Phone _____ Email _____	<b>Accommodation Needs</b> <input type="checkbox"/> wheelchair access <input type="checkbox"/> ASL interpreter <input type="checkbox"/> other: _____	<b>Dietary Needs</b> <input type="checkbox"/> allergy: _____ <input type="checkbox"/> vegetarian <input type="checkbox"/> vegan <input type="checkbox"/> other: _____