Conversation Café Registration Today's Date: _____ __________________ Month Day Year Name: _____ Phone: _____ Check box if we can TEXT information to this number Email: _____ Home Country: _____ School / Work: How did you hear about Conversation Café? ☐ Friend ______ ☐ Poster or flyer at school Other _____ Disclaimer: This information will not be given out and is just for us to provide you with information on upcoming events and to let you know if a class will ever be cancelled.

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