



## Workshop Pass Giveaway

### Participant Details

First Name	<input type="text" value="Sophia Lewis"/>		
Last Name	<input type="text"/>		
Mobile Nr.	<input type="text" value="(555) 948-6057"/>	Already Subscribed?	<input type="checkbox"/>
Email	<input type="text" value="sophia.lewis@example.net"/>		
Join the special session on Distributed Training as well? <input type="checkbox"/>			

### Refer a Friend

First Name	<input type="text"/>
Last Name	<input type="text"/>
Mobile Nr.	<input type="text"/>
Email	<input type="text"/>