



# Training Registration Form

*Please print clearly*

Title of Workshop: \_\_\_\_\_

Date of Workshop: \_\_\_\_\_

Name of Center or Home: \_\_\_\_\_

Facility Number: \_\_\_\_\_

Name(s) of Participant(s)	Daytime Phone	Evening Phone
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Cost of workshop per participant: \$ \_\_\_\_\_

Total amount sent: \$ \_\_\_\_\_

***(If more than 10 participants complete additional forms)***

Registrations that are mailed after the deadline will only be accepted if there is space available. No registrations will be accepted within 24hours of a workshop. You are automatically registered when we receive your completed form(s), along with payment. You will receive a phone call giving you confirmation that all documents have been received. (Cashier checks or money order made payable to DCPC) **NO PERSONAL CHECKS WILL BE ACCEPTED**

- Make copies of this form for future use
- **Please call Toni Hudson or Susan Elixson at (910) 296-2000 with any questions**