**Training Registration Form**

***Please print clearly***

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

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

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

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

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| **Name(s) of Participant(s)** | **Daytime Phone** | **Evening Phone** |
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 ***If you have more than 10 participants, please complete additional form(s)***

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|  |

Cost of workshop per participant: $\_\_\_\_\_\_\_\_\_\_ Total amount sent: $\_\_\_\_\_\_\_\_\_\_

**Please mail checks to: Duplin County Partnership for Children**

 **PO 989**

 **Kenansville, NC 28349**

***NO PERSONAL CHECKS WILL BE ACCEPTED ONLY CASHIER CHECKS OR MONEY ORDERS!***

Registrations that are mailed after the deadline will only be accepted if there is space available. No registrations will be accepted within 24 hours of a workshop. You are not considered registered until we receive your completed form(s) and payment. We will call you to confirm that all documents have been received.

* Make copies of this form for future use
* **Please call Karen Pacheco at (910) 296-2000 with any questions.**