



**D**UPLIN COUNTY  
Partnership for Children



# 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.		

*If you have more than 10 participants, please complete additional form(s)*

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.