\*\*\*One name per form & please fill out completely\*\*\*

— NEW ONLINE REGISTRATION —

If you would like to register for workshops online, please visit our website at childcareservices.org.

| Participant's first name   | (please print)   |               |   |   |   |  |
|--|--|---------------|---|---|---|--|
| Participant's last name (  | (please print)   |               |   |   |   |  |
| Home phone number  |  |               | In what county do you work?                     |   |   |  |
| Home address   |  |               | City  |   | State   |  |
| Email address  |  |               | Last four digits of your Social Security number |   |   |  |
| Work phone number  |  | Place of e    | mployment                                       |   |   |  |
| What is your first langua  | heck one) O Center O Fam<br>age? O English O Spanish<br>American O Asian O Cauca | O Other       |   | Do you need Spanish tran                                    |   |  |
|  | lldren in your care. If none enter   | Number o      | f children in care ages 6-                      | -12   |   |  |
| Name of Workshop or Seminar  |  |               | County  | Date of Workshop  | Cost  |  |
|  |  |               |   |   |   |  |
|  |  |               |   |   |   |  |
|  |  |               |   |   |   |  |
|  |  |               |   |   |   |  |
| Disease the distinctive state.   | had of various auto  |               | 1   | Total enclosed \$   | .00   |  |
| Please check the met<br>Payment online by  | nod or payment:<br>· credit card: http://www.chil                                | dcareservices | s.org/ps/training.htm                           | ı 1   |   |  |
| •  | , 8-5pm: at the Durham or Cha  |               |   | Durham office:  |   |  |
| Payment by mail: Child Care Services Association ATTN: Renee Wilson 1201 S. Briggs Ave, Suite 200 Durham, NC 27703  Registration phone: 919-403-6950 fax: 919-403-6959 |  |               |   | Durham, NC 27703  Chapel Hill office: 1829 E. Franklin St., | 1201 South Briggs Ave., Suite 200,<br>Durham, NC 27703  Chapel Hill office: 1829 E. Franklin St., Bldg. 300,<br>Chapel Hill, NC 27514 |  |

- DEADLINE TO REGISTER FOR ALL WORKSHOPS IS ONE WEEK PRIOR TO DATE OF WORKSHOP
- Advance payment is required. Faxed registrations alone will NOT reserve a space.

Questions: professionaldevelopment@childcareservices.org

- If your payment is received after a workshop is closed, or if a workshop is cancelled, you will be notified.
- In consideration of presenters and participants, no one will be allowed to enter 15 minutes after the workshop has begun.
   Training credits can only be issued for completed workshops. If you choose to leave a workshop early, no credits can be issued.
- No children will be allowed in the workshops.
- No reminders will be sent for workshops and locations for which you have registered. NO REFUNDS WILL BE ISSUED.