

Training Registration Form

Training	Date / Time	Cost	Location
Medication Administration	Saturday, January 27, 2018 8:30 AM – 12:30 PM	\$45 /participant	ECCLPC Training Room: 130 Rockpoint Drive Suite C Durango, CO
	Register	by 1/19/2018	
Participant Inform	ation (Please print)		
Name 1:	County:		
Phone:	Email:		
Address:	City/ZIP:		
\Box Yes, I would like to	receive email messages with generation of the second second second second second second second second second se		
Name 2:	County:		
Phone:	Email:		
Address:	City/ZIP:		
□ Yes, I would like to	receive email messages with generation of the second second second second second second second second second se		
Name 3:	County:		
Phone:	Email:		
Address:	City/ZIP:		
updates related to upco	receive email messages with generation oming events from ECCLPC. 70 miles or more, round trip, y o ion (Please print)		
Organization:	License #:		
Program Capacity: _	Current Enrollment:		
Please send this o	completed registration form	and check* or mone	y order to:
~	The Early Childhood Council of La Plata County P.O. Box 4140 Durango, CO 81302		
	*Check payable to the Early Childhood Council of La Plata County		
	Or, register and pay online at www.ecclaplata.org/trainings/		
ase note that fees are	non-refundable unless training is ca Flieger at 970-247-0760 or cor		