

Training Registration Form

Training	Date / Time	Cost	Location
Standard Precautions	Saturday February 9, 2019 9:00 AM – 10:30 AM	\$20 /participant	ECCLPC Training Room: 701 Camino Del Rio Room #207 Durango, CO
	Register	by 2/1/2018	
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:		
\Box 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:		
	receive email messages with generation of the second second second second second second second second second se	al information as well as a	nnouncements, reminders and
Program Informati	ion (Please print)		
Organization:	License #:		
Program Capacity:	Current Enrollment:		
Please send this c	completed registration form	and check* or mone	ey 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		