

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 | | |