



Training Registration Form

Training	Date / Time	Cost	Location
First Aid / CPR	Saturday, June 15, 2019 9:00 AM – 2:30 PM	\$100 /participant	ECCLPC Training Room 701 Camino Del Rio Suite #207 Durango, CO

Participant Information (Please print)

Name 1: _____ County: _____

Phone: _____ Email: _____

Address: _____ City/ZIP: _____

Yes, I would like to receive email messages with general information as well as announcements, reminders and updates related to upcoming events from ECCLPC.

Name 2: _____ County: _____

Phone: _____ Email: _____

Address: _____ City/ZIP: _____

Yes, I would like to receive email messages with general information as well as announcements, reminders and updates related to upcoming events from ECCLPC.

Name 3: _____ County: _____

Phone: _____ Email: _____

Address: _____ City/ZIP: _____

Yes, I would like to receive email messages with general information as well as announcements, reminders and updates related to upcoming events from ECCLPC.

Program Information (Please print)

Organization: _____ License #: _____

Program Capacity: _____ Current Enrollment: _____

Please send this completed registration form along with a check to:



The Early Childhood Council of La Plata County
P.O. Box 4140
Durango, CO 81302

*check made payable to "Early Childhood Council of La Plata County"

Please note that fees are non-refundable unless training is canceled due to inclement weather or trainer illness. Contact Corinne Rogers at 970-247-0760 or corinner@ecclapata.org with questions.