

How to Register (Duplicate this form as often as needed!)

By Mail: Return the Registration Form with your check or money order to: CCRC; 5350 Oberlin Ave; Lorain, OH 44053

In Person: Bring your completed form with your check, money order, or cash payment to the CCRC during office hours.

By Fax: (Faxes are accepted for FREE trainings only or with attached Purchase Order from Center).

Fax your completed form to: (440) 960-7191

| | | | | | |
|--|-----------|---|------------------------------|--|---------------|
| Registration Form | | Professional ID: (Enter all 11 numbers below) | | | |
| _____ | _____ | □ □ / □ □ / □ □ | □ □ □ □ □ | | |
| First Name | Last Name | Enter birth date above ex: 02/02/72 | Enter last 5 SS number above | | |
| _____ | | _____ | | | |
| Address/City/Zip Code | | Home Phone | | | |
| _____ | | _____ | | | |
| Work Place | | Type of Care (Family Childcare/Center/Preschool/School-age, etc) | | | |
| _____ | | _____ | | | |
| Work Address/City/Zip Code | | Work Phone | | | |
| _____ | | _____ | | | |
| Home County | | Work County | | | |
| _____ | | _____ | | | |
| Email Address _____ | | Will you need instruction in a language other than English? <input type="checkbox"/> Spanish <input type="checkbox"/> Sign Language | | | |
| Workshop Information - Please Print Clearly | | | | | |
| Date | Time | Workshop Title | Location | Workshop/Materials Fees | IACET CEU Fee |
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| TOTAL | | | | \$ _____ | \$ _____ |
| Payment Method: <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Invoice: | | | | (Purchase Order Must Be Attached) | |
| To Invoice: I give permission to invoice the center for these fees. Director's signature _____ | | | | | |
| If I fail to pay, I understand I will be invoiced and non-payment could affect my registration at future CCRC workshops. | | | | | |
| Participant's signature _____ | | | | | |

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