Winter 2018 Training Registration Form

refunds are not possible. CCR&R trainings are cancelled when local

schools are closed due to inclement weather.

Training Information

Provider Information			rraining information							
Please write clearly to ensure accurate information!			Overviews Safety Sets							
			56791	FREE	56808	\$10	56802	\$45		
PARTICIPANT'S FIRST NAM	ЛЕ PARTICIPA	NT'S LAST NAME	56792	FREE			56803	\$45		
			56793	FREE			56804	\$45		
HOME PHONE WORK PHONE			Childhood Development and Program Trainings							
			56813	\$36	56814	\$42	56815	\$42		
DATE OF BIRTH (MM/DD/	YYYY)		56816	\$24	56852	\$42	56817	\$28		
			56818	\$42	56819	\$42	56820	\$56		
EMAIL			56821	\$28	56822	\$36	56823	\$42		
			Online Trainings							
ADDRESS			56847	\$42	56848	\$140	56849	\$42		
CITY	STATE ZIP		56879	\$84	56853	\$42				
			Food Handler Test		Spark					
	Licensed Provider	Pursuing License	FH Test	\$10		56811	. FREE			
which are you?	Program Staff Other	Exempt	Total # of Trainings: Total Fees: Payment					- ks		
Please review our	Training Policies as t	ney have changed:								
<u>Training Policies</u>			Submission Methods: Email: ccrr@caowash.org / Fax: 971-223-6101							
1. By registering for a training with CCR&R, you agree to our registration, attendance and cancellation policies.			Mail or in Person: Community Action, Attn: CCR&R 1001 SW Baseline Street Hillsboro, OR 97123							
2. Participants <u>MUST</u> be registered prior to the training in order to be admitted. Individuals who are not registered that show up will not be admitted.			Make checks payable to <i>Community Action</i> If paying by check, individual or facility name:							
3. To register you must complete the registration form. Please use one										
form per person. Mail, fa	, , ,									
payment. We must receive your registration at least 3 days prior to the training to allow for processing, however register early as trainings fill up! When we receive your registrations and payment, we will confirm your trainings by email.				To pay by card, complete the following information						
				Name:						
4. Cancellations must be given THREE days prior to the training in order to receive Training Bucks.			Billing Address:							
5. Refunds are NOT possible.										
6. It is the attendee's responsibility to know the location, directions,			Phone:							
date & time of the training. Note: not all trainings are at the same location.										
7. Nursing infants are the ONLY children permitted in trainings.			Card #:							
8. To receive a training certificate, participants need to arrive on time and stay for the entire training. Participants arriving 15 minutes after the start time will not be admitted.			Total amount to be charged to Credit card:							
9. If a training is cancelle	d by CCR&R, Training B	ucks will be given since								

Received By

Office Use

Only

Confirmation

Fiscal