

Spring 2018 Training Registration Form

Provider Information

Please write clearly to ensure accurate information!

Participant's First Name	Participant's Last Name
Home Phone	Work Phone
Date of Birth (MM/DD/YYYY)	
Email	
Address	
City	State Zip

Which are you? ☐ Licensed Provider ☐ Pursuing License
☐ Program Staff ☐ Exempt ☐ Other: _____

Please review our Training Policies as they have changed!

Training Policies

1. By registering for a training with CCR&R, you agree to our registration, attendance and cancellation policies.
2. Participants **MUST** be registered prior to the training in order to be admitted. Individuals who are not registered that show up will not be admitted.
3. To register you must complete the registration form. Please use one form per person. Mail, fax, email or bring in your form with full 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.
4. Cancellations must be given **THREE** days prior to the training in order to receive Training Bucks.
5. Refunds are **NOT** possible.
6. It is the attendee's responsibility to know the location, directions, date & time of the training. Note: not all trainings are at the same location.
7. Nursing infants are the **ONLY** children permitted in trainings.
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.
9. If a training is cancelled by CCR&R, Training Bucks will be given since refunds are not possible. CCR&R trainings are cancelled when local schools are closed due to inclement weather.

Office Use Only	Received By	Date	Fiscal	Confirmation

Training Information

Overviews			RRCAN & CPR/First Aid					
57723	FREE		57745	\$10		57735	\$45	
57724	FREE		57770	\$45		57736	\$45	
57725	FREE		57779	\$45		57737	\$45	
Childhood Development and Program Trainings								
57764			57767	\$42		57768	\$24	
57769	\$35		57772	\$42		57773	\$24	
57774	\$42		57775	\$24		57776	\$42	
57777	\$42		57778	\$24		57780	\$28	
Online Trainings								
57746			57747	\$42		57748	\$36	
57749	\$42		57750	\$42				
Food Handler Test				Spark				
FH Test	\$10			57743	FREE			

Total # of Trainings: _____ Total Fees: _____

Payment: ☐ Cash ☐ Check ☐ Card ☐ Training Bucks

Submission Methods:

Email: ccr@caowash.org / **Fax:** 971-223-96101
Mail or in Person: Community Action, Attn: CCR&R
 1001 SW Baseline Street, Hillsboro, OR 97123

Make checks payable to *Community Action*
If paying by check, individual or facility name:

To pay by card, complete the following information

Name: _____
(as appears on card)

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Card #: _____

Expiration: _____ Vcode: _____

Total amount to be charged to Credit Card: _____