

*Must be completed to verify eligibility  
for free training.*

Registered FCC TIPS # \_\_\_\_\_  
OR  
Class A Center TIPS # \_\_\_\_\_

# Workshop Registration Form

**COMPLETE BOX IN TOP LEFT CORNER**

**FOR OFFICE USE ONLY!**

MAIL WALK IN Amount paid \_\_\_\_\_

Cash / Check / Money order \_\_\_\_\_

Cashier \_\_\_\_\_ Date: \_\_\_\_\_

CDA Workshops CPR Mailing list ONSITE

Use this form to register for all training in this flyer. It is very important that all information is filled out. Please **PRINT** as **CLEARLY** as possible. Make copies of this form if you need additional space. An electronic copy of this form is available online at [cfn.nsula.edu](http://cfn.nsula.edu).

Center or Family Child Care Home Name: \_\_\_\_\_ Check One: **FCC** **Type III** **Type I or II**

Center or FCC Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Participant's Name	*Last 5 SS #	Date of birth	Home Address (include city & zip code) <b>NOT CENTER ADDRESS</b>	Personal Phone #	Date & City of Training	Training Code
<i>Example: Mary Doe</i>	<i>1 2 3 4 5</i>	<i>12/10/1960</i>	<i>1234 My Street Shreveport, LA 71101</i>	<i>(318)-677-5555</i>	<i>April 9 Shreveport</i>	<i>E-8a</i>
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**Mail registration form to NSU Child and Family Network, 1800 Warrington Pl, Shreveport, LA 71101. For questions, call 677-3150 or 1-800-796-9080**

**Reminder: Check the flyer for registration fees.**