

Division of Public Health
Women's & Children's Health Section
Nutrition Services Branch

WIC Basic Training Course
January 26 - 28, 2010

Please complete this form and return by *Monday, January 11, 2010.*

Name: _____

Position: _____ Date employed in present position: _____

If applicable, describe any experience working with the WIC Program prior to your current position:

***Lunch will be provided, please check box for vegetarian meals

Agency: _____

Address: _____

County: _____

Workplace Phone: () _____ Workplace Fax: () _____

Email Address: _____

Home Phone: () _____

Cell Phone: () _____

In the event of emergency course cancellation we will attempt to contact you as soon as possible. Please complete with a phone number you can be reached on Monday, January 25, 2010 or with a contact name and number of who will know how to reach you.

Registration must be received by January 11, 2010.

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