

Training Registration Form
Potential Child and Adult Care Food Program Institutions
[Those registered must be present for the entire training session]

Name of attendee(s): _____ Title: _____
(Owner, Director, or Board Chairperson)

_____ Title: _____

(Limited to two people per Institution)

Institution/Organization

Name: _____

Address: _____

City: _____ Zip _____

County: _____

Phone: () _____ Fax: () _____

E-mail _____

Please indicate below the institution type as well as the location and month you wish to attend the Potential Institution Training.

- ___ Independent Institution
- ___ Sponsoring Organization Unaffiliated
- ___ Sponsoring Organization Affiliated

Location _____ **Date** _____

Registration deadline is 3 weeks prior to scheduled workshop date or as indicated on the website. The registration form must be sent to the address below no later than 5:00 p.m. of the deadline date:

Potential Institution Training
Special Nutrition Programs
Attention: Kim Daniels-Jackson
1914 Mail Service Center
Raleigh, NC 27699-1914
Phone: (919) 707-5784
Fax: (919) 870-4898

***You will receive confirmation of your registration and directions to the training site within two weeks of the training.**