

Winter 2015 Class Registration Form

Provider Information

Classes fill up very quickly, so register early!

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

Submission Methods:

Email: ccrr@caowash.org

Fax: 971-223-6101

Mail or in Person:

Community Action Attn: CCR&R

1001 SW Baseline Street Hillsboro, OR 97123

Workshop Policies

By registering for a workshop/training with our agency you agree to our registration, attendance and cancellation policies. It is the attendee's responsibility to know the location, directions, date and time of the workshop.

To register for a workshop, you must:

1. Complete the registration form. Please use one form per person.
2. Mail, fax 971-223-6101, email (ccrr@caowash.org) or bring in your form with full payment. We must receive your registration at least 3 days in advance of the class date to allow for processing.
3. When we receive your registration and payment, we will confirm your classes by email.

Attendance Policies

To receive a training certificate, participants need to arrive on time and stay for the entire workshop. Participants arriving 15 minutes after the advertised start time will not be admitted. If workshop is cancelled by CCR&R Training Bucks will be given since **refunds are not possible**.

Training Bucks are good for one year from their issue date.

Let us know if you can not attend. Participants only receive training bucks if CCR&R receives cancellation notice **3 days ahead** of the scheduled training.

Refunds are not possible.

Children are not permitted in classes.

Workshop Information

Washington County									
Overviews			Safety Sets						
44814	FREE		44819	\$10		44820	\$35		
44815	FREE		44821	\$10		44822	\$35		
44816	FREE		44823	\$10		44824	\$35		
Childhood Development and Program Workshops									
44827	\$25		44828	\$25		44829	\$100		
44830	\$30		44831	\$20		44832	\$15		
44833	\$45		44834	\$15		44835	\$30		
44836	\$30		44837	\$55		44838	\$30		
44839	\$20		44840	\$25		44841	\$20		
44842	FREE		44980	\$25					
Columbia County									
Overviews			Safety Sets						
44817	FREE		44825	\$35		44826	\$10		
44818	FREE								
Childhood Development and Program Workshops									
44844	\$20		44845	\$30		44949	\$10		
44950	\$10		44951	\$10		44953	\$10		
44850	\$15		44851	\$15		44852	\$15		
44853	\$20								
Self Studies									
Food Handlers	\$10		View & Reflect	\$10		Read & Reflect	\$15		
IQT Washington County					IQT Washington County				
44854	FREE		44856	FREE					
44855	FREE		44857	FREE					

Total # of Workshops: _____ Total Fees: _____

Payment Type: Cash Check Card Training Bucks

Make checks payable to Community Action

To pay by card, complete the following information

Name: _____

(as it appears on Card)

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Card #: _____ - _____ - _____

Vcode: _____ Expiration: _____

Total amount to be charged to Credit Card: _____

Office Use Only	ENT SP	ENT ORO	Confirmation	Date	Initials