

Pre-registration for all training is required.
Registration will not be taken by telephone or fax.

Mail check or money order to:
HHCC: 185 Main St., Suite 26, Avon, MA 02322

TRAINING REGISTRATION FORM

Complete one form per person
All Trainings are Virtual via Zoom

Name: _____ PQ Registry Number: _____

Employer: _____

Work Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email (**required**): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Provider Category: Administrator Family Child Care Group Child Care-Infant/Toddler
 Group Child Care-Preschool School Age Public School Parent Other _____

An **email** confirmation is sent to all participants who have registered three to five days prior to the training.

**Payment is made by check or money order.
No refunds unless the training is cancelled.**

Training Title	Date(s)	Payment
(All workshops are virtual via Zoom)	Total Enclosed:	

Office Use Only:		F12	
Date Received: _____			
<input type="checkbox"/> Personal Check #:	_____ Amount: \$ _____	<input type="checkbox"/> Agency Check #:	_____ Amount: \$ _____
<input type="checkbox"/> Money Order #:	_____ Amount: \$ _____		
Refer to check: _____ Note: _____			

Note: Your information is confidential and will not be shared outside this agency without your written permission.