

Core Knowledge Professional Development Training REGISTRATION FORM



Client ID # _____

SESSION #	TITLE OF TRAINING	DATE REQUESTED	TIME REQUESTED	NUMBER OF PARTICIPANTS
1)			Begin _____ End _____	
2)			Begin _____ End _____	

TO CALCULATE FEES:	Session 1 Amount Due:	Session 2 Amount Due:
FOR 1-9 PARTICIPANTS		
<input type="checkbox"/> One 3 Hour Session for 1-9 participants enter \$250 for each		
<input type="checkbox"/> One 6 Hour Session for 1-9 participants, enter \$375 for each or Two 3 Hour Sessions scheduled for the same day		
FOR 10-25 PARTICIPANTS		
<input type="checkbox"/> One 3 Hour Session for 10-25 participants enter \$375 for each		
<input type="checkbox"/> One 6 Hour Session for 10-25 participants, enter \$650 for each or Two 3 Hour Sessions scheduled for the same day		
<input type="checkbox"/> Number of additional participants beyond 25: _____ x \$10 each =		
<input type="checkbox"/> Additional materials fee, if applicable:		
TOTAL		

Please fill out form completely and mail with payment to:
TRAIN Educational and Community Services, 7718 Belair Road, Suite 202, Baltimore, MD 21236
Make checks payable to TRAIN Educational and Community Services *Phone: (443) 725-4853*

Today's Date: _____ Total amount included with Registration Form: \$ _____

Contact Name: _____ Phone: _____

Name of Organization: _____

Address: _____

Name of additional Sites/Centers which will send participants to training sessions, if applicable:

CONTACT NAME and PHONE for DAY OF SCHEDULED TRAINING: _____

SPECIAL NEEDS: Are there participants who require special accommodations or equipment? If so, please specify:
