



Training Registration Form

Title of Training _____	Code _____
Cost _____	Date of Training _____
Title of Training _____	Code _____
Cost _____	Date of Training _____
Title of Training _____	Code _____
Cost _____	Date of Training _____
TOTAL PAYMENT _____	

ATTENDEE INFORMATION:
Name _____
Address _____
City/State _____ Zip _____
Phone number _____ Email _____
Would you like to be a part of our emailing list? Y N If yes, Program Email Address Personal Email

PROGRAM INFORMATION: Program Name: _____
Director _____
Program Address _____
City/State _____ Zip _____
Program phone number _____ Program E-Mail _____

PAYMENT INFORMATION: All trainings must be paid for in advance.
Council 2015 Membership Number _____ (if applicable)
Payment options
 Visa Master Card AMEX Personal Check Money Order Business Check EIP Voucher
Make checks payable to: Child Care Council of Westchester
Name as it appears on credit card _____
Credit Card # _____ Expiration date _____
Billing Address _____
City/State _____ Zip _____
Signature _____

Mail registration form to Child Care Council of Westchester, Attn: Finance Dept.
313 Central Park Avenue, Scarsdale, NY 10583
Fax to (914-) 885-1110 OR you can simply register online at www.childcarewestchester.org.