

Mail registration form along with payment to: Chatham County Partnership for Children  
200 Sanford Hwy. Suite 4  
Pittsboro, NC 27312

Title of Training: \_\_\_\_\_  
Date of Training: \_\_\_\_\_  
Name of Center or Home: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Name(s) of Participant(s)  
1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_  
Cost of training per participant: \$ \_\_\_\_\_  
Total amount paid: \$ \_\_\_\_\_

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