The Child Care Council of Cornell Cooperative Extension

PROFESSIONAL DEVELOPMENT REGISTRATION FORM

Please register me for the following Child Care Council-sponsored training workshop(s):

_____	_____	_____
Workshop title	Date of workshop	Fee
_____	_____	_____
Workshop title	Date of workshop	Fee
_____	_____	_____
Workshop title	Date of workshop	Fee

TOTAL AMOUNT ENCLOSED = **_____**

Pre-registration is required for all Child Care Council-sponsored trainings. Payment (in the form of money orders only) for workshops must accompany registration form. Refunds or credits will not be given to cancellations or no-shows unless approved by Child Care Council staff (72 hours in advance of workshop). Make money orders payable to **CORNELL COOPERATIVE EXTENSION.**

Name _____ Phone _____ Email Address _____

Address _____ City _____ State/Zip _____