

*Mid-York Child Care Coordinating Council*  
**PROFESSIONAL DEVELOPMENT REGISTRATION FORM**

Please register me for the following MYCCCC-sponsored training workshop(s):

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

**TOTAL AMOUNT ENCLOSED** = \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_