



www.NCHealthyStart.org

Registration Form

A Child's Life Depends on You!

In-service Training

Select Training Session:

Date: March 28, 2007, 12:30 PM – 2:00 PM

Division of Child Development

319 Chapanoke Rd.

Ste. 120, Conference Room 300

Raleigh, NC

Date: May 14, 2007, 12:30 PM – 2:00 PM

Buncombe Co. Health Department

35 Woodfin Street

Asheville, NC

Date: May 15, 2007, 12:30 PM – 2:00 PM

Clay County Health Department

Address to be confirmed

Complete the following section. This information will help us meet your needs.

Name _____

Title _____ Department _____

Organization/Agency _____

Street Address _____

City _____ Zip Code _____ County _____

Phone _____ Fax _____ E-mail _____

Check all that apply:

I provide service to _____ (number) families or _____ clients _____ a week _____ a month _____ a year

Submit this form to:

A Child's Life Depends on You!

North Carolina Healthy Start Foundation

By fax: (919) 828-1446

By e-mail: achildslife@NCHealthyStart.org

By mail: 1300 St. Mary's St., Suite 204

Raleigh, NC 27605