



Registration Form

Spanish BESST Training Registration Form

This training is for participants willing to conduct community-based parent/childcare provider trainings to reduce the risk of Sudden Infant Death Syndrome (SIDS).

Select Training Session:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> April 13, 2007; 11:00-1:00
Johnston Co. Health Department
517 N. Brightleaf Blvd.
Smithfield, NC 27577 | <input type="checkbox"/> April 26, 2007; 11:00-1:00
Mecklenburg Co. Health Department
2845 Beatties Ford Rd.
Charlotte, NC 28216 | <input type="checkbox"/> May 11, 2007; 11:00-1:00
Guilford Co. Health Department
1100 East Wendover Ave, Room 416
Greensboro, NC 27405 | <input type="checkbox"/> May 17, 2007; 11:00-1:00
Lincoln Comm. Health Clinic
1301 Fayetteville St.
Durham, NC 27717 |
|---|--|--|--|

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 _____

Special Needs: _____

Check all that apply:

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

I speak Spanish _____ fluently _____ intermediate _____ beginning _____ not at all

**** Further information about the training and directions will be sent with your confirmation.**

Please return the form to:

By Mail: Spanish BESST Training, North Carolina Healthy Start Foundation, 1300 St. Mary's St, Suite 204, Raleigh, NC 27605

By Fax: 919-828-1446

By Email: gloria@nchealthystart.org