

# REGISTRATION FORM

NAME: \_\_\_\_\_  
PROGRAM NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
COUNCIL MEMBER ID: \_\_\_\_\_

- Check, made payable to CDCCCC
- Money order, made payable to CDCCCC
- GE scholarship
- CSEA scholarship: Voucher # \_\_\_\_\_
- Educational Incentive Program (EIP) scholarship  
(must be included with registration)
- QUALITYstarsNY Quality Scholars  
(must be included with registration)

TOTAL \$ \_\_\_\_\_

To register using a credit card, please visit [cdccc.org](http://cdccc.org).

Schedules are published and mailed, please use this form to make your training selections based on the mailed schedule or go online to view our updated training calendar.

TRAINING TITLE	TRAINING DATE	COST

By submitting this registration form, I am agreeing to the registration policies. Schedules & policies are subject to change; please visit our website for current information.

TOTAL

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