

**CRP WIC PROGRAM-REGIONAL TRAINING CENTER
REGISTRATION
July-October 2010**

Agency Information

Local Agency Name: _____ Contact Person/Supervisor: _____

Agency Address: _____ City, State, Zip: _____

Agency Phone #: (____) _____ Agency Fax #: (____) _____ E-mail: _____

Student Information

Student's Name: _____ Student's e-mail (if available) _____

ALL SESSIONS BEGIN PROMPTLY AT **8:30 AM**, WITH A HOUR LUNCH BREAK, AND WRAP-UP IS AT **4:00 PM**

Please check payment option and sessions this student will be attending:

Cost:

- Entire Series (Sessions 1-8) = **\$500**
****Please note, space is limited & registering for the entire session may guarantee placement****
- Total individual sessions scheduled to attend _____ X \$75 per session = \$ _____

SERIES A--2009

CLASS DESCRIPTION

DATES OFFERED

- | | | | |
|--------------------------|------------------------------------|--|------------------------------|
| <input type="checkbox"/> | ENTIRE SERIES; SESSIONS 1-8 | | JULY-OCTOBER 2010 |
| <input type="checkbox"/> | SESSION 1 | Working with People & Nutritional Needs Assessment | Thursday, July 22, 2010 |
| <input type="checkbox"/> | SESSION 2 | Basic Nutrition | Friday, July 23rd, 2010 |
| <input type="checkbox"/> | SESSION 3 | Infant Nutrition | Thursday, August 26, 2010 |
| <input type="checkbox"/> | SESSION 4 | Child Nutrition | Friday, August 27, 2010 |
| <input type="checkbox"/> | SESSION 5 | Prenatal Nutrition | Thursday, September 23, 2010 |
| <input type="checkbox"/> | SESSION 6 | Nutrition for Women after Delivery | Friday, September 24, 2010 |
| <input type="checkbox"/> | SESSION 7 | Breastfeeding Promotion & Support, Part I | Thursday, October 21, 2010 |
| <input type="checkbox"/> | SESSION 8 | Breastfeeding Promotion & Support, Part II | Friday, October 22, 2010 |

- E-mail or fax a registration form for each student attending to tiffanye@cresource.org or 916-444-5494
-An e-mail will be sent for confirmation of class registration-
- Please make check payable to: **COMMUNITY RESOURCE PROJECT WIC RTC**
- Send payment to **250 Harris Ave., Suite #6 – Sacramento, CA 95838-3279**
- All classes are held at **250 Harris Ave., Suite #1 – Sacramento, CA 95838-3279**
- Refunds are available if cancellation is 2 weeks or more prior to training day. If cancellation occurs 2 weeks or less before training day, then a credit will be given for a future class, but registration is still needed.
- **For questions or concerns, please contact Tiffany Evangelista at 916-326-5835 ext. 6106**
Please notify us immediately if there are any changes!