

# Community and Family Resources Training Registration

726 S. 17<sup>th</sup> Ave  
Fort Dodge, IA 50501  
AndreaJ@cfrhelps.org  
Fax: 515-955-7628

\*Required fields for registration

\*Name of Conference: \_\_\_\_\_

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

\*Agency Profession: \_\_\_\_\_ \*Work Address (PO Box, etc): \_\_\_\_\_

\*Work City: \_\_\_\_\_ \*Work State: \_\_\_\_\_ \*Work Zip: \_\_\_\_\_

\*Work County: \_\_\_\_\_ \*Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Work Fax: \_\_\_\_\_ Work Email (please print): \_\_\_\_\_ @ \_\_\_\_\_

\*Special Needs? \_\_\_\_\_

**Training Time Preferred:**                      **8:30am-12pm** \_\_\_\_\_                      **1pm-4:30pm** \_\_\_\_\_

**Location of Training Preferred:**                      **Fort Dodge** \_\_\_\_\_                      **Ames** \_\_\_\_\_

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**Fee includes CEUs, materials and registration.**

**PAYMENT METHOD** (please check) **RECEIPT (Y/N)**

**\*Payment must be received prior to training unless otherwise arranged.**

Check: Agency/Personal

Make checks payable to:

**Community and Family Resources**

**Attn: Andrea Jondle**

**726 S. 17<sup>th</sup> Street, Fort Dodge, IA 50501**

Credit Card:

Name on Card: \_\_\_\_\_

Signature (required): \_\_\_\_\_

Billing Statement Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3/4 digit CCV: \_\_\_\_\_

Confirmation will be sent electronically to those who register by the deadline and provide a valid email address. A \$15.00 processing fee will be withheld for cancellations received prior to the early registration deadline. No refunds for cancellations will be made if not cancelled within 24 hours of enrolled training. Persons who preregister but DO NOT attend are responsible for the full registration amount. For more information call [515-576-7261](tel:515-576-7261) Ext 1602.