



Community and Family Resources
Training Registration
211 Ave. M West
Fort Dodge, IA 50501
AndreaJ@cfrhelps.org

*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** _____

Fee includes CEUs, materials and registration.

PAYMENT METHOD (please check)

RECEIPT (Y/N)

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

Free Training – No Payment Needed

Check (Agency or Personal)

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 Ext 1014**