

**Triple P-Positive Parenting Program
Organizational Registration Form**

Course: Level 4

**Building Connections Project
at the University of South Carolina**

Please complete form with information as you would like for it to appear in course records. You will receive an enrollment confirmation via first class mail. Optional CEUs are available. CEU Registration forms will be completed at the training.

NAME: _____ PROFESSION: _____ UNIQUE#: _____
FIRST NAME MI LAST NAME (E.G. NURSE, LMFT)

TITLE: _____ AGENCY: _____

NAME OF PRACTICY/SITE: _____

ADDRESS: _____
STREET CITY STATE ZIP

Daytime Phone: () _____ Fax: () _____

Email: _____ County or Counties in which you work: _____

Enrollment in this training includes morning and afternoon refreshment breaks as well as lunch on site.

ENROLLMENT REQUEST FOR:

Training Dates: Oct. 18, 2006 Oct. 20, 2006 **Training Hours:** 8:30 AM – 4:30 PM
 Oct. 19, 2006 **To be held at:** The Aiken Center; Community Room

Do you intend to register for optional CEU credit? Yes No (for planning Purposes)

For office use only

ENR: _____ CODE: _____ LOCATION: _____ COUNTY: _____ TC: _____

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**Please Fax form to: Children's Place, Inc
Attn: Peggy Ford at (803) 641-4147**