

# Registration Form

# Region 4 CCR&R Professional Development



Registrations must be received:

**3 days prior to start date for DCDEE credits - 7 days for CEU credit Trainings**

Person Submitting Registration:	Circle Which Applies:	
	Other	Family Child Care Home Center In Process Spanish Translation Needed
Facility Name and Mailing Address:	Primary Phone:	Secondary Phone:
	E-mail Address:	
Option to charge amount and have bill sent for payment: <i>(Charges can only be made to facility names – no individuals)</i>	For CCR&R Office Use:	
<input type="checkbox"/> Please Bill: _____	Check # _____ Cash Received \$ _____ Date Received ___/___/___ Registration Completed by _____ Bill Processed _____	

For a complete training list, visit [Puzzlesregion.com](http://Puzzlesregion.com).

	Participant Name	Training Name	Date(s)	Fee	Amount Enclosed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Total Amount Enclosed \_\_\_\_\_

Make Checks Payable to:

**SCC or Southeastern Community College**

Mail to:

**SCC – Child Care Resource and Referral  
PO Box 151  
Whiteville, NC 28472**