



Southwestern Child Development Commission, Inc.

...excellence in early childhood education

Est. 1972

Workshop Registration

Please complete one form for each individual and a separate form for each workshop event.

ALL QUESTIONS MUST BE COMPLETED.

Name of Workshop: _____

Date of Workshop: _____ Location of Workshop: _____

Registrant First Name: _____ Last Name: _____

Create a 8 character Login ID and a 8 character Password (*keep for your records for future registrations*)

Login ID: _____

Password: _____

Last 4 digits of Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Email Address: _____

Organization/Program Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____ County: _____

Gender: Female Male

Ethnicity: Caucasian African American Native American Multi-racial

Hispanic/Latino Prefer not to disclose

Education Level: High School/GED High School/Some College 2 Year Degree 4 Year Degree/Higher

Number of children you work with (*Put the Actual number of children in space*) _____ ages 0-5 _____ 6 and up

Your primary language: English Spanish Other: Specify _____

Do you need a translator? Yes No Have you attended a workshop on this topic before? Yes No

Amount of Payment Enclosed: _____

Registration Form and Payment must be received 7 days prior to the workshop.

Please Complete and Mail with Payment by Check or Money order to:

Southwestern Child Development Commission, Inc.

P.O. Box 250 Webster, NC 28788

For more information, call 828-586-5561