



**NEW YORK  
ALLIANCE FOR  
INCLUSION & INNOVATION**

Strength Together

**COLLEGE OF DIRECT SUPPORT REGISTRATION**

<b>Agency</b>			
<b>Street Address</b>			
<b>City/State/Zip</b>			
<b>Contact Person</b>		<b>Title</b>	
<b>Phone Number</b>		<b>E-mail</b>	

<b>Learner Name</b>	<input type="checkbox"/> Module 1	<input type="checkbox"/> Module 2	<input type="checkbox"/> Module 3	<input type="checkbox"/> Module 4
				Module 5
<b>Learner Name</b>	<input type="checkbox"/> Module 1	<input type="checkbox"/> Module 2	<input type="checkbox"/> Module 3	<input type="checkbox"/> Module 4
				Module 5
<b>Learner Name</b>	<input type="checkbox"/> Module 1	<input type="checkbox"/> Module 2	<input type="checkbox"/> Module 3	<input type="checkbox"/> Module 4
				Module 5
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				Module 5
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				Module 5
<b>Learner Name</b>	<input type="checkbox"/> Module 1	<input type="checkbox"/> Module 2	<input type="checkbox"/> Module 3	<input type="checkbox"/> Module 4
				Module 5
<b>Learner Name</b>	<input type="checkbox"/> Module 1	<input type="checkbox"/> Module 2	<input type="checkbox"/> Module 3	<input type="checkbox"/> Module 4
				Module 5

Save form for your records and send as an attachment

**IF REGISTERING MORE THAN 10 LEARNERS, PLEASE ATTACH A SPREADSHEET OR MULTIPLE FORMS**

Email all registration forms and attachments to: Stacy at [stacy@nyalliance.org](mailto:stacy@nyalliance.org)

Once your registration is received, NY Alliance will contact you regarding your enrollment. *Any questions? Contact Lisa at [lmount@nyalliance.org](mailto:lmount@nyalliance.org), 518-795-3590*