



Asthma 101: What You Need To Know Registration Form

PAYMENT MUST BE INCLUDED

Name of Program: _____

Address of Program: _____

Program Contact Person: _____

Program Phone: _____ Email: _____

Choose From One of the Following Course Dates

<u>Date</u>	<u>Time</u>	<u>Code</u>
<input type="checkbox"/> Wednesday, May 23, 2018	9:30 am – 12:30 pm	80523

Cost: \$10 per person for Programs on HCC Service
\$20 per person for Programs not on HCC Service

Are you on the Child Care Council Health Care Consultant Service: ☐ Yes ☐ No

Please list the participant's name and program address (for programs with more than one site):

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Total # of Participants Attending: _____ Total Enclosed: _____

Method of payment: (Check One)

☐ Check / Money Order made payable to Child Care Council of Westchester, Inc.

☐ Credit card: Visa / Master Card/ Amex (Please circle one)

Name as it appears on credit card: _____

Billing address (include zip code): _____

Credit card #: _____ Expiration date: _____

Signature: _____ Date: _____