
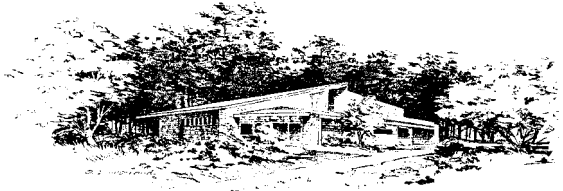


OUTSIDE AGENCY PARTICIPANT REGISTRATION

— William Penn Mott Jr. Training Center —

Phone: (831) 649-2954 Fax: (831) 649-2824

TRAINING CLASS TITLE	DATES		
	1st Choice	2nd Choice	3rd Choice
SPECIAL ACCOMMODATIONS <input type="checkbox"/> Auditory <input type="checkbox"/> Ambulatory <input type="checkbox"/> Visual <input type="checkbox"/> Dietary <input type="checkbox"/> Other: _____			
PARTICIPANT NAME		POSITION TITLE	
HOUSING NEEDED <input type="checkbox"/> Yes. For ___ Male ___ Female. <input type="checkbox"/> No			
AGENCY NAME			
WORK ADDRESS			
BILLING ADDRESS			
WORK PHONE NO.	FAX NO.	EMAIL ADDRESS	
PARTICIPANT HOME ADDRESS <i>(Complete if you would like course information sent to your home address rather than your work address.)</i>			
AUTHORIZATION SIGNATURE		TITLE	DATE
▶			
Mail To:  William Penn Mott Jr. Training Center P.O. Box 699 Pacific Grove, CA 93950			
			
Note: For cancellations within 14 days of class there will be a charge of 1/2 tuition or 1/2 of room and board fees, whichever is greater.			
FOR DEPARTMENT USE ONLY			
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Because		TRAINING SPECIALIST SIGNATURE	DATE
		▶	