

CCDE TRAINING REGISTRATION FORM
REGISTRATION INSTRUCTIONS

- ◆ Make a copy of this form and fill it out completely for each Module.
- ◆ Attach a check, money order payable to CDEA or pay by credit card.
- ◆ Credit card payments accepted via fax (904-573-8839) or by phone (904-573-8831).
- ◆ Registration form required.
- ◆ Mail registration form and payment to: CDEA
PO Box 1491
Orange Park, FL 32067-1491
- ◆ **NOTE: Registration must be received 4 days prior to class to determine if space is available. A minimum of 12 applicants is required for each class.**

Name _____ SS# _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Fax _____ E-Mail _____

Name of Program or Agency _____

Program or Agency Director _____

Please check the appropriate box. Assistant Teacher Teacher
 Administrator

Payment enclosed by: Check Money Order Visa
 Master Card

If paying by Credit Card, confirm by Phone Fax
 Mail

Name on the card _____ Card # _____

Exp. Date _____ **Please Print** Signature _____

TRAINING INFORMATION:
FEE ALWAYS INCLUDES CEUs AND MATERIALS.
FEES PER 1 HOUR OF CLASS TIME = .1 CEU

Course: _____ Date: _____ Fee: _____

Course: _____ Date: _____ Fee: _____

