



**EARLY LEARNING COALITION
TRAINING REGISTRATION FORM
2009—2010**

THE COALITION'S TRAINING CALENDAR FOR 2009-2010 HAS BEEN POSTED TO THE ELCLC WEBSITE. PLEASE COMPLETE THIS TRAINING REGISTRATION FORM FOR EACH TRAINING SESSION YOU WISH TO ATTEND.

MAKE SURE YOU SPECIFY THE NAME AND DATE OF THE TRAINING.

YOU CAN SUBMIT THE REGISTRATION FORM ON LINE OR COPY THIS FORM AND SEND VIA US MAIL, OR FAX TO:

EARLY LEARNING COALITION OF LAKE COUNTY

414 W MAIN ST. SUITE 301, LEESBURG, FL 34748 **FAX: (352) 435-0235**

Employed by: (Facility) _____ Work/Cell No: _____

Attendee Name: _____ Date of Birth: _____

Work address: _____

Training Title: _____ Date: _____

If you have any questions, please contact Laura Close, Quality Operations

Manager at (352) 435-0566 ext. 29 or email: lclose@elclc.org



TRAININGS ARE PROVIDED THROUGH A
COLLABORATION WITH

