

## **ON – SITE REGISTRATION**

NAME OF TRAINING:		
DATE OF TRAINING:	APRIL 23 - 24, 2015	
PLACE OF TRAINING:	SHERATON PARK HOTEL AT ANAHEIM	
REGISTRATION FEE:	<u>\$ 195.00</u>	
PLEASE PRINT		
First:	Last:	Discipline:
County/Organization:	Title:	
Address:		
		Zip:
Phone:	Fax:	
E-Mail:	ADA/Dietar	y Needs:
Do you have an E-Learn	ing Account? Yes N	No
		No Password
		Password
If no, please provide the	e following: Username:	Password
If no, please provide the	e following: Username:	Password  NT  CREDIT CARD
If no, please provide the	METHOD OF PAYME  CHECK #:	Password  NT  CREDIT CARD  FORMATION
If no, please provide the	METHOD OF PAYME  CHECK #:  CREDIT CARD PAYMENT INF	Password  NT  CREDIT CARD  FORMATION
If no, please provide the  CASH  AMOUNT OF CHARGE  DISCOVER/VISA/MASTERCAL	METHOD OF PAYME  CHECK #:  CREDIT CARD PAYMENT INF	Password
If no, please provide the  CASH  AMOUNT OF CHARGE  DISCOVER/VISA/MASTERCAL	METHOD OF PAYMENT CHECK #:  CREDIT CARD PAYMENT INF  GE:  RD #:  RE:	Password
AMOUNT OF CHARGE DISCOVER/VISA/MASTERCAL AUTHORIZED SIGNATURE BILLING ADDRESS IF DIFFER	METHOD OF PAYMENT CHECK #:  CREDIT CARD PAYMENT INF  GE:  RD #:  RENT FROM ABOVE:	Password
If no, please provide the  CASH  AMOUNT OF CHARC  DISCOVER/VISA/MASTERCAL  AUTHORIZED SIGNATUR  BILLING ADDRESS IF DIFFER	METHOD OF PAYMENT CHECK #:  CREDIT CARD PAYMENT INF  GE:  RD #:  RE:  RENT FROM ABOVE:  Last:	Password  TORMATION  EXP. DATE:
If no, please provide the  CASH  AMOUNT OF CHARCE DISCOVER/VISA/MASTERCAL AUTHORIZED SIGNATUR  BILLING ADDRESS IF DIFFER  First:  County/Organization:	METHOD OF PAYMENT CHECK #:  CREDIT CARD PAYMENT INF  GE:  RD #:  RE:  RENT FROM ABOVE:  Last:	Password