

CFA, Inc. Office Use Only	
Date Received:	_____
Confirmation Sent:	_____
Total Registrants:	_____
Payment Amount:	_____
Staff Processing Reg.:	_____



Carolina Family Alliance, Inc.

Training Registration Form

Name of Company: _____

Company Contact Person: _____

Company Mailing Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Training Date and Time: _____

Training Title: _____

*Training Participants: _____

Use back of the form to list additional training participants.

Pre-Registration Fees:

___ \$30 per person (3 - 4 hour training) ___ \$40 per person (6 hour training) ___ \$75 per person 12 hour/2day training

Total Registered Participants: _____ Total Registration Fees: _____

Mail completed registration form and fees to:

Carolina Family Alliance, Inc.
 Attn: Staff Development and Training Dept.
 1235 East Blvd. Suite #242
 Charlotte, NC 28203

Please make check or money order payable to: *Carolina Family Alliance, Inc.*

Important Information (Please Read)

- 🚧 Registration fees are non-refundable.
- 🚧 Registrants arriving 15 min. after the start time will not be permitted to enter the training.
- 🚧 Registration fees received on the day of training will be increased by an additional \$ 5.
- 🚧 An email will be sent (to the aforementioned email) to confirm registered participants.
- 🚧 Substitutes may be sent for a registrant who is unable to attend, please notify Training Facilitator upon arrival of this change.
- 🚧 There will be a 1-hour lunch break for participants attending 6 hour training—a listing of local and nearby restaurants is available.

704 536-9380 ◊ 1235 East Blvd. Suite #242 Charlotte, NC 28203 ◊ training@carolinafamilyalliance.com

"Developing alliances that impact & strengthen the community"