

Regional Network of Programs
Training Registration Form

Title of Workshop: _____
(Please complete a different registration form for each course in which you wish to enroll).

Start Date of Training: _____

Track#: _____

Total # of sessions: _____ Fee: _____ (Not Applicable to RNP Employees)

Name of Training Participant: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred E-mail Address: _____

*Applicant's Signature: _____

*Supervisor's Signature: _____

*Note: By signing above, the applicant commits to attending every session of multiple sessions courses, and the supervisor commits to authorizing the applicant's attendance at every scheduled session.

RNP Employees Only Please fax completed registration forms to:

Connecticut Certification Board
Attn: Lee Dalphonse, RNP Training Initiative
Fax# (203) 284-9500

*** **If you are not an employee of RNP**, then please make your check or money order payable to RNP and either mail or hand-deliver your completed registration form and payment to the following address:

Connecticut Certification Board
Attn: Lee Dalphonse, RNP Training Initiative
100 South Turnpike Road, Suite C
Wallingford, CT 06492

Please note that you are not registered for a training event until a completed registration form, and applicable payment is received as explained above. Should either the CCB or the RNP exercise its right to cancel a scheduled training event, registration fees will be refunded.