



Title:	10 Steps to Breastfeeding Friendly Child Care		
Sponsor:	Wood County Health Department		
Date:	1/13/2015	Event ID:	685532
		Type:	Registered

This Section Required		
First Name:	Last Name:	
Select One Category:		
<input type="checkbox"/> Group Child Care	<input type="checkbox"/> Family Child Care	<input type="checkbox"/> School-Age Staff
<input type="checkbox"/> Head Start/Early Head Start	<input type="checkbox"/> Home Visitor	<input type="checkbox"/> Public School
<input type="checkbox"/> Birth to Three	<input type="checkbox"/> Agency Staff	<input type="checkbox"/> Special Education
<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Other _____	

Registry ID or your birthdate and last 5 of your social security number
This is required to track your training attendance. You can receive a free Registry ID number at www.the-registry.org .
Registry ID#
OR
Birth Date: ___ / ___ / _____ AND
Last 5 digits of Social Security Number ___ ___ ___ ___ ___

Contact Information		
Not for Registry Members. Members must make changes directly to their online account.		
Mailing Address:		
Apt/Suite:		
Zip:	City:	State:
Home/Mobile Phone:		
Work Phone:	Email Address:	