



Early Childhood Training Solutions, LLC

Training Registration Form

One form per person please.

Name: _____ OK Registry # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #/Day: _____ Phone #/Evening: _____

E-mail Address: _____

Training Title: _____

Training Start Date: ____/____/____ Cost: \$ _____

Method of Payment:

Check # _____ Money Order # _____

Name on Card _____ Visa/MasterCard (circle one)

Card # _____ Exp. Date: _____

Signature: _____

Note: A 5% Processing Fee will be added to all Credit Card payments

Signature: _____ Date: _____

*I understand that the amount paid for Registration is NON-REFUNDABLE but can/may be transferred to another course offered by Early Childhood Training Solutions, LLC if I have NOT attended any portion of the training in which I am registering.

(Please do NOT mail cash)

Please mail completed Training Registration Form and Payment to:

Early Childhood Training Solutions, LLC

10600 S. Pennsylvania Ave.

Ste. 16-543

Oklahoma City, OK 73170

For additional information, contact: Charlotte Hollarn at 405-650-9757

or email info@earlychildhoodtrainingsolutions.com