OCATO: Attention FDS Admin.
Joe Potterack

REGISTRATION FORM

Organization: _____

Billing Address: _____

Phone: _____

Fax: _____

Training Session: _____Family Development Training____ _____ __

Date: April 6-9, 2010 Location: _____Columbus, Ohio _____ _____

Total number of registrants: _____ ____

Registered Participants (REGISTRATION CAN BE FAXED – 614.224.2587)

Name:	Position / Title:	Email:	Phone # or Address (if different from above):

Payment Information:
Payment must be remitted prior to training event.

***Please remit payment to*:**
Ohio Community Action Training Organization (OCATO)
50 W. Broad Street, Suite 1616
Columbus, OH 43215

____ Purchase Order (attached) ____ Check (enclosed)