



Title: **Capacitación “Proveedores de Cuidado Infantil Amigables con la Lactancia Materna” de Wisconsin - Presentado en línea**

Sponsor: Supporting Families Together Association

Date: _____ Event ID: 965653 Type: Tier 1

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: _____