

EDEXPRESS PACKAGING

**TRAINING REGISTRATION**

Date: \_\_\_\_\_

Participant's Name and Title:

\_\_\_\_ Financial Aid Administrator    \_\_\_\_ Owner    \_\_\_\_ President  
\_\_\_\_ Vice President    \_\_\_\_ Fiscal Officer    \_\_\_\_ Other: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Contact Person:

\_\_\_\_\_  
(If other than participant)

INSTITUTION NAME: \_\_\_\_\_ OPE ID #: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
CITY, STATE, ZIP:

Class Title:

\_\_\_\_\_

**LOCATION AND DATE SELECTION**

PREFERENCE	LOCATION	DATE
1 <sup>st</sup> Choice		
2 <sup>nd</sup> Choice		
3 <sup>rd</sup> Choice		

- A separate **Registration Form** must be completed for each attendee.
- Please **type or print**, when completing this form.
- The Registration request **must be received at least three days before the session.**
- Registration requests will be scheduled in the order of receipt.
- **If you have questions or need to cancel/ reschedule**, call the contact at the site where you are interested in attending training.
- Send **Registration Form** to the contact at the site you plan to attend.

**If you are in need of special accommodations/services during the training**, please explain below:

\_\_\_\_\_  
\_\_\_\_\_