Child Care Links, Inc. Baltimore County Resource and Referral Center
Workshop Registration Form

Type of Provider: ☐ Family ☐ Center Staff ☐ Center Director

Name:

Address & Zip Code:

Daytime Phone:

Method of Payment: Please Check one: ☐ Visa ☐ Master Card ☐ Company Check ☐ Money Order

Credit Card #: **Expiration Date: /** **Signature:**

Training Title	Date	Location	Time	Cost

Child Care Links Membership ☐ **$35.00**

(Good for 1 year)

Please check box and submit completed form w/payment.

Total Cost: $ _____