



Title: <b><u>Wisconsin Breastfeeding Friendly Child Care Provider Training – Presented Online</u></b>		
Sponsor: Supporting Families Together Association		
Date:	Event ID: 929466	Type: Tier 1

<b>This Section Required</b>		
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 _____	

<b>Registry ID or your birthdate and last 5 of your social security number</b> This is required to track your training attendance. You can receive a free Registry ID number at <a href="http://www.the-registry.org">www.the-registry.org</a> .
Registry ID#
<b>OR</b>
Birth Date:     ___ / ___ / ___ <b>AND</b>
Last 5 digits of Social Security Number   ___   ___   ___   ___   ___

<b>Contact Information</b>		
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:	