

**COAD CHILD CARE PROVIDER TRAINING PAYMENT FORM
SINGLE REGISTRANT - FOR MULTIPLE REGISTRANTS SEE PAGE 2**

Registrant name				OPIN	
Work place name				Check one, if applicable	
				Type A	Type B
Cell phone		County of work			
Daytime phone		Email			
Work place address					
City		State		ZIP	

Please include training fees as listed on www.opdn.org.

Training ID number must be in the following format: ST12345678 or SS12345678

Course title			
Course date	Training ID # (ST or SS)	County (training location)	Training Fee (per registrant)

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**A \$10.00 fee will be assessed for checks returned due to insufficient funds.
Cash or onsite payment will not be accepted (questions, call 1-800-577-2276).**

Payment info: Check# _____ Money Order # _____ Training Voucher # _____

Payor (name on check) : _____

Total amount enclosed	
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Payment must be received prior to registration deadline. Training credit will be provided once registration and payment is received and training is completed.



Please mail with payment payable to COAD to:

COAD Child Care Provider Training, PO Box 787, Athens OH 45701

CONTACT US www.coadinc.org
1-800-577-2276
ccc@coadinc.org

**COAD CHILD CARE PROVIDER TRAINING PAYMENT FORM
PAGE 2 - MULTIPLE REGISTRANTS**

Contact person					
Work place name					
Work place phone		County of work			
Email address					
Work place address					
City		State		ZIP	

Please include associated training fees as listed on www.opdn.org.

Training ID number must be in the following format: ST12345678 or SS12345678

Course title				
Course date	Training ID # (ST or SS)	County (training location)	Training fee per registrant	Number of registrants

Registrant Name		OPIN	
Registrant Name		OPIN	
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