



COAD Child Care Provider Training Payment Form Single Registrant

Registrant Name		OPIN	
Program Name		Type A <input type="checkbox"/>	Type B <input type="checkbox"/> Center <input type="checkbox"/>
Cell Phone		County of Program	
Daytime Phone		Email	
Program Address			
City		State	Zip

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

Course Title		
Course Date	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 complete.

**Please mail with payment payable to COAD to:
COAD Child Care Provider Training, PO Box 787, Athens, OH 45701**



COAD Child Care Provider Training Payment Form Multiple Registrants

Contact Person		OPIN		
Program Name		Type A <input type="checkbox"/>	Type B <input type="checkbox"/>	Center <input type="checkbox"/>
Cell Phone		County of Program		
Daytime Phone		Email		
Program Address				
City		State		Zip

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

Course Title		
Course Date	County (Training Location)	Training Fee (per registrant)

Registrant Name	OPIN	
Registrant Name	OPIN	
Registrant Name	OPIN	
Registrant Name	OPIN	
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