

CACFP RENEWAL TRAINING

Independent Centers

*Please complete this form and return as soon as possible.
You will receive confirmation of registration via
letter, e-mail or fax.*

Name of Attendee: _____ Title: _____ E-Mail: _____

Name of Attendee: _____ Title: _____ E-Mail: _____

Name of Institution: _____ Agreement#: _____

Mailing Address: _____

City: _____, NC Zip: _____ County: _____

Phone #: _____ Fax #: _____

PRE-REGISTRATION IS REQUIRED.

PLEASE SELECT ONE SESSION TO ATTEND BY CHECKING THE APPROPRIATE BOX

All Sessions are 8:30 AM-4:00PM

Raleigh	
August 24, 2010 <input type="checkbox"/>	September 15, 2010 <input type="checkbox"/>
New Bern	
August 25, 2010 <input type="checkbox"/>	September 8, 2010 <input type="checkbox"/>
Charlotte	
August 25, 2010 <input type="checkbox"/>	August 31, 2010 <input type="checkbox"/>
Rocky Mount	
August 26, 2010 <input type="checkbox"/>	September 8, 2010 <input type="checkbox"/>
Asheville	
August 31, 2010 <input type="checkbox"/>	September 9, 2010 <input type="checkbox"/>

Please send registration forms to:
CACFP Renewal Training
Special Nutrition Programs
Attention: Kim Daniels-Jackson
1914 Mail Service Center
Raleigh, NC 27699-1914
or you may fax it to
Fax 919-870-4898

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