

SPONSORING ORGANIZATION REGISTRATION FORM

Name of Attendee: _____ Title: _____ Email: _____

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Name of Institution: _____ Agreement#: _____

Address: _____ City: _____ Zip _____ County _____

Phone: _____ Fax# _____

Fiscal Year 2011 — 2012

****USE THIS REGISTRATION FORM IF YOU HAVE MORE THAN ONE CENTER****

Managing Your CACFP Dollars SO Time: 9:00 am - 4:00 pm 8:30 AM - Sign In	<u>May 23, 2012</u>	Williamston <input type="checkbox"/>
Gardening for Healthy Food Time: 9:00 am - 12:15 pm 8:30 AM - Sign In	<u>March 8, 2012</u>	Greensboro <input type="checkbox"/>
Gardening for Healthy Food Time: 9:00 am - 12:15 pm 8:30 AM - Sign In	<u>July 10, 2012</u>	Greensboro <input type="checkbox"/>
Your CACFP Responsibilities – SO of Centers Time: 9:00 am - 4:00 pm 8:30 AM - Sign In	<u>February 23, 2012</u>	Raleigh <input type="checkbox"/>
Your CACFP Responsibilities – SO of Centers Time: 9:00 am - 4:00 pm 8:30 AM - Sign In	<u>May 22, 2012</u>	Williamston <input type="checkbox"/>
Your CACFP Responsibilities - SO of Centers	TBD	Raleigh
Your CACFP Responsibilities - SO of Homes	TBD	Raleigh
How to Complete A Budget - SO	TBD	Raleigh
How to Complete A Budget - SO	TBD	Lenoir

Register early some sessions fill to capacity

Registrations may be faxed to 919-870-4818 or be mailed to:

Special Nutrition Programs

Attention: Kim Daniels-Jackson

1914 Mail Service Center

Raleigh, NC 27699-1914

Confirmation will be sent prior to each training session.