



2009-2010 Square One Course Registration Form

(Only One Name and Course per Registration form)

-COPY AS NEEDED-

Please Print in Black Ink

Last Name: _____ First Name: _____ Middle Initial: _____

Agency Name: _____

- Norfolk City agency
- Virginia Beach City agency (City agencies must be verified)

Agency Mailing Address: _____

City, State, Zip: _____

Office Phone: _____ Office Fax: _____

Home Phone: _____ Email Address: _____

Please register me for the following:

Course #	Course Name	Course Date	Location

Please give us the following information so that we may credit your training correctly:

Program Affiliation:

- CHIP CHIP/Healthy Families Healthy Families Project LINK DSS
 Head Start Navy New Parent Support Resource Mothers Infant & Toddler Connection
 Library staff Child Care center staff Early Discoveries Family Home Care Provider
 Other (specify): _____

Registration /Payment Procedures:

1) Registration forms may be **faxed to (757) 497-5101 or mailed to the address below:**

Square One
287 Independence Blvd.
Pembroke 2, Suite 120
Virginia Beach, VA 23462

- 2) Checks/Money Orders must be made payable to: **Square One**
- 3) Please do not send cash.
- 4) If using a VISA or Mastercard, call 757-552-0293 with information.
- 5) You may also register by sending a Purchase Order or letter from your Training Director, or other authorized official, on company letterhead, requesting an invoice.

Please call Square One at 757-552-0293 or email – info@SqOne.org with registration/payment questions.

*Registration confirmation will be sent prior to the scheduled course.

**Directions to course locations will be available on the Square One website- www.SqOne.org