

Safety Care Training Registration Form

Name: _____

District: _____

Phone #: _____ Email: _____

Initial Safety Care Trainings

September 9 and 10, 2019
***must attend both days**
8:00 – 3:00
WOVSED Conference Room

September 26 and 27, 2019
***must attend both days**
8:00 – 3:00
WOVSED Conference Room

October 22 and 23, 2019
***must attend both days**
8:00 – 3:00
WOVSED Conference Room

January 8 and 9, 2020
***must attend both days**
8:00 – 3:00
WOVSED Conference Room

Refresher Safety Care Trainings

September 20, 2019
8:00 – 3:00
WOVSED Conference Room

October 9, 2019
8:00 – 3:00
WOVSED Conference Room

October 24, 2019
8:00 – 3:00
WOVSED Conference Room

January 31, 2020
8:00 – 3:00
WOVSED Conference Room

[Lunch is on your own for all trainings.](#)

[Each training costs \\$4 per person.](#)

[Please return this form to Amy by fax at 618-378-3153 or by email at nawilson@wovsed.org at least two weeks prior to a training.](#)

