Safe Travel for All Children:  
Transporting Children with Special Health Care Needs 

Course Registration Form 

Lead Instructor Name: ___________________________________________________________
Agency: _______________________________________________________________________
Mailing Address: ________________________________________________________________
City: ___________________________ State: _____ Zip Code: _______________
Daytime Phone: ___________________________ Fax: _____________________________
E-mail Address: _________________________________________________________________

Please initial the following statement:  
__________ I agree to teach the class in its entirety.

Please list all co-instructors and/or guest speakers that are anticipated to be assisting with this 
instruction:  (please include all names and contact information)

A) _________________________________________________________________________
B) _________________________________________________________________________
C) _________________________________________________________________________

Please provide the following information:  
Course Administrator and Contact Information: _______________________________________
______________________________________________________________________________
Course Administrator e-mail address: ______________________________________________
Date(s) of Course: _______________________________________________________________
Location/Address of Course: _______________________________________________________
City: ___________________________ State: _____ Zip Code: ______________
Phone Number: ___________________________ Fax: _____________________________
Start time: ___________________________ End time: ___________________________
Registration Fee: ________________ Registration Deadline: ________________________

Contact and address to mail sample fact sheets and brochures: 
______________________________________________________________________________
______________________________________________________________________________

*NOTE:  Course materials must be submitted to the National Center within 30 days of course end date.*

Please return this course registration form to:  
National Center for the Safe Transportation of Children with Special Health Care Needs 
Fesler Hall, Room 207 / 1130 W. Michigan Street / Indianapolis, IN 46202 
Or submit electronically to ajmcgove@iu.edu.

Please direct questions to Anthony McGovern at 1-800-755-0912 or ajmcgove@iu.edu.