

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.