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.