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 (email and/or phone): _____________________
______________________________________________________________________________
Course Administrator e-mail address: _______________________________________________

Dates of Course: _______________________________________________________________
Location/Address of Course: ______________________________________________________
City: ___________________________________ State: _______ Zip Code: ______________
Phone Number: _____________________________ Fax: _____________________________
Start time: _______________________________ End time: ___________________________
Registration Fee: ____________________ Registration Deadline: ______________________
Registration Link (if applicable): ___________________________________________________

Expected Number of Safe Travel for All Children participants: __________________________

*Brochures can be downloaded free of charge at preventinjury.pediatrics.iu.edu/brochures.

*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
Fax to 317-274-6710 OR submit electronically to ajmcgove@iu.edu.

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