

Training Registration Form

Section A: Course Information:	
Course Title:	
Course Location:	
Course Date:	
Course Time:	
Section B: Attendee Information	
Agency:	
Attendee's Full Name & Title:	
Attendee's Phone Number:	
Attendee's Email Address:	
Attendee plans to utilize KLETC cafeteria:	
☐ Yes ☐ No	

Return Completed form to: KLEAP | 11009 S Hornet | Hutchinson, KS 67501 or Email to KLEAP@kletc.org
Contact the KLEAP Manager: (620) 694-1549