



# Training Registration Form

## SECTION 1: KLEAP Participating Agencies

(Agency's who have a signed Participation Agreement on file with KLEAP)

Course Title:	
Course Location:	
Course Date:	
Course Time:	
Agency:	

Attendee's (List all)		
Name & Title	Phone Number:	Email Address:

## SECTION 2: Non-Participating Agencies

(Agency will be invoiced \$50 for each attendee registered)

Course Title:	
Course Location:	
Course Date:	
Course Time:	
Agency:	

Attendee's (List all)		
Name & Title	Phone Number:	Email Address:

Email Completed form to: [KLEAP@kletec.org](mailto:KLEAP@kletec.org)  
 Contact the KLEAP Program Director: (785) 341-0103