



# 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: |
|                       |               |                |
|                       |               |                |
|                       |               |                |
|                       |               |                |
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|                       |               |                |
|                       |               |                |

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