

Training Registration Form

Questions: Contact Marsha Tharp

training@meorc.com

740-507-7936

MEORC

Mid East Ohio Regional Council

www.meorc.com

Date of Training: _____

I will attend the entire 8 hour Basics of Being a Provider training \$80.00

I will attend only the topics checked below:

8:00 a.m. Serving Individuals with DD (2 Hours) \$20.00

10:00 a.m. Basic Principles and Requirements (2 Hours) \$20.00

12:00 p.m. Universal Precautions (1 Hour) \$10.00

1:00 p.m. Individual Rights (1 Hour) \$10.00

2:00 p.m. Major Unusual Incidents (2 Hours) \$20.00

Participant Name: _____ County of Service: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Preferred contact number: Cell _____ Work _____ Home _____

Preferred E-mail address: _____

Please check one: Agency Provider Independent Provider County Board

Agency/County Board Name: _____

Address of Agency/CB: _____

Agency Contact Name: _____ Agency E-mail address: _____

Agency Phone Number: _____

Payment enclosed*: Yes No (contact MEORC for arrangements)

How did you hear about us? County Board Provider Contact SSA Previous MEORC Training

MEORC Brochure MEORC Web Site Co-Worker Other _____

*Makes all checks payable to: MEORC

Business & Quality Offices

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