

RSVP *For Families and Supporters*

Name: _____
 (Person attending training)

Contact Numbers: _____
 (Cell, home, work, etc.)

Send Original Certificate To: _____
 (Person, address to send certificate)

Send Copy To : _____
 (Person, address to send certificate)

I would like to attend _____
 (Name of the training) Please complete a separate RSVP for each training.

Day: _____

Time: _____

Location: _____

****When attending CPR or BPS trainings please wear comfortable, loose fitting clothing, no long dangling jewelry and please do not wear lipstick or lip balms during the trainings.**

****Do not bring children or people you support to the training.**

I will bring a check to training.
 Please bill me. Send bill to:

Office Use Only: Confirmation of Training

____ **You are confirmed to attend the training on the date and time indicated above.**

____ **The training you have selected is full. Please select another date and time.**

****Important: Please come to training on time. You will not be admitted into the training if you arrive late.**

****If you RSVP to a training *with less than one week's notice*, we cannot guarantee that you will receive a confirmation or be notified of cancellation or changes in the location of the training.**

How to register: Email or Fax
 Linda Townes ext. 376 (ltownes@arcncr.org)
 The Arc Northern Chesapeake Region, 4513 Philadelphia Road, Aberdeen, Maryland 21001
 Phone: 410-836-7177 or 410-879-6785, Fax: 410-893-3909, www.arcncr.org

Please Note: In the event of inclement weather or other possible emergencies that may result in the cancellation of scheduled trainings, please call The Arc's Administrative Office 410-836-7177 or 410-879-6785, Box # 500 to hear whether trainings are being held as scheduled or cancelled. (Box # 500 is used for informational purposes only. You will be unable to leave a voice mail message in Box # 500.