TRAINING REGISTRATION FORM

Today's Date: _____

Name: _____ Email Address: _____

Main Phone #: _____ Alternative Phone #: _____

Address: _____

Category:

- ☐ Employee
- ☐ Program Participant (Please include program name): _____
- ☐ Community (Public)
- ☐ Participants must be proficient in English (read, write and speak) to attend the session.

Please put an X next to the training you would like to attend.

***Special Registration for course - Please contact Training Department for more information (714) 547-6308 ext. 284 or Email: training@ocgoodwill.org**

	Course Name	Date	Start Time	End Time
	Social Interactions	12/06/2016	2:00PM	4:00PM
	Attitude	12/07/2016	2:00PM	4:00PM
	Intermediate Excel	12/13/2016	2:00PM	4:00PM
	Workplace Ethics	12/14/2016	2:00PM	4:00PM
	Advanced Word	12/20/2016	2:00PM	4:00PM
	Financial Literacy	12/21/2016	9:00AM	11:00AM
	NRF Customer Service Sales & Certification - Training	12/15/2016	8:00AM	5:00PM
	NRF Customer Service Sales & Certification - Testing	12/16/2016	8:00AM	12:00PM