

Please check our website for additional information on training

www.pppctr.org

ENROLL NOW!

Mail this form to: *Practical Parenting Partnerships, 2412-C Hyde Park Road, Jefferson City, MO 65109.*

Make purchase orders and checks payable to: **JCPS – PPP Center.**

If you have questions, please call **(573) 761-7770.**

You may fax this registration form along with your purchase order to **(573) 761-7760.**

School District/Agency _____

School Building _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____

Date of Training: _____

Location of Training: _____

| Participant Name | Title/Position | Telephone | E-Mail Address | Impl Training |
|------------------|----------------|-----------|----------------|--|
| | | | | <input type="checkbox"/> \$410 (includes resource notebooks) <input type="checkbox"/> \$225 |
| | | | | <input type="checkbox"/> \$410 (includes resource notebooks) <input type="checkbox"/> \$225 |
| | | | | <input type="checkbox"/> \$410 (includes resource notebooks) <input type="checkbox"/> \$225 |
| | | | | <input type="checkbox"/> \$410 (includes resource notebooks) <input type="checkbox"/> \$225 |
| | | | | <input type="checkbox"/> \$410 (includes resource notebooks) <input type="checkbox"/> \$225 |

University Credit is available for an additional charge.

Purchase Order # _____ Check Enclosed # _____ Amount \$ _____