

**North County Lifeline, Inc.**  
**SOCIAL SERVICES PROGRAM TRAINING**  
**REGISTRATION FORM**  
**August 31<sup>st</sup> and September 1<sup>st</sup>, 7<sup>th</sup> & 8<sup>th</sup> 2011**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Organization: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Length of time at organization: \_\_\_\_\_

Reason for attending this training: \_\_\_\_\_

Lifeline Staff (paid and volunteer) – FREE

Subcontracting Staff – \$50

General Public and Other Agencies – \$200

Would you like to be informed of future trainings:  Yes  No

**FEE MUST BE ATTACHED FOR REGISTRATION TO BE ACCEPTED.**

**Please make payment to:**

**North County Lifeline, Inc.**

**Attn: Accounts Receivable**

**200 Michigan Avenue**

**Vista, CA 92084**