

# National Indian Parent Information Center Pre-registration Sign In Sheet

Date \_\_\_\_\_  
 Title \_\_\_\_\_  
 Location \_\_\_\_\_

NAME	ADDRESS, CITY ZIP	PHONE Please include Area code	TRIBE	PARENT? PROFESSIONAL? OTHER?	CHILD'S NAME/ AGE	CHILD'S DISABILITY	EMAIL ADDRESS
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**Return 5 weeks prior to workshop. We must have this before we can allocate funds for travel for the trainer.**