**Instructions:**

**South Dakota CACFP Workshop Registration Form**

**C A C F P**

*Building for the Future*

Return your completed registration form to the address below as soon as possible or **at least 20 days prior to the workshop**. We will mail a confirmation letter including directions to the training site to you at least seven to ten days prior to the workshop. You may make additional copies of this page if needed. **Please print or type** the name of the workshop, location, date, and person(s) attending for each workshop.

Name of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Contact Person (if different from name of Authorized Representative): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Local Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name of Workshop**  (Basic or Plus!) | **Location**  (City) | **Date of Session** | **Person Attending**  (First and Last Name) |
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Please indicate requests for alternative formats and/or interpreters:

**Disk** \_\_\_\_\_\_\_\_ **Braille** \_\_\_\_\_\_\_\_ **Large Print** \_\_\_\_\_\_\_\_ **Interpreter** \_\_\_\_\_\_\_\_\_

**Other Access Requests:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return the completed registration form and questions to:**

Melissa Halling

Child and Adult Nutrition Services – DOE

800 Governors Drive

Pierre, SD 57501-2235

E-mail: [melissa.halling@state.sd.us](mailto:melissa.halling@state.sd.us)

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