

Event Attendance Form



Complete all sections of this form. Clearly print all necessary information.
Return this form to the Training Sponsor or Trainer before you leave the training event.

Event Information		
Title:		
Training Sponsor (if applicable):		
Date:	Event ID#:	Type:

Attendee Information	
First Name:	Last Name:
Select One Category: <input type="checkbox"/> Group Child Care <input type="checkbox"/> Public School 4K <input type="checkbox"/> Special Education <input type="checkbox"/> Family Child Care <input type="checkbox"/> Public School 5K <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> School-Age Staff <input type="checkbox"/> Public School Administrator <input type="checkbox"/> Agency Staff <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Tribal Community <input type="checkbox"/> Student <input type="checkbox"/> Home Visitor <input type="checkbox"/> Birth to Three <input type="checkbox"/> Other <input type="checkbox"/> Public School K-12	

REQUIRED: Registry ID or your birthdate and last 5 digits of your social security number to track your training attendance.

If you do not have a Registry ID, you can receive a Registry ID by creating a free Registry account at www.wiregistry.org. Please download our Creating a Registry Account support guide found on the Wisconsin Registry website under Membership resources to get started.

Registry ID: _____

OR

Birthdate (MM/DD/YYYY): _____

AND

Last 5 digits of social security number: ___ ___ ___ ___ ___

Attendee Contact Information			
If your contact information has recently changed, please be sure to update your contact information on your Registry account.			
Mailing Address:			Apt/Suite:
City:	State:	Zip Code:	
Phone Number:	<input type="checkbox"/> Mobile	<input type="checkbox"/> Home	<input type="checkbox"/> Work
Email Address:			

DO NOT SEND this form to the Wisconsin Registry. This form is not proof of attendance.