

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"/> Family Child Care	<input type="checkbox"/> School-Age Staff
<input type="checkbox"/> Head Start or Early Head Start	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Public School
<input type="checkbox"/> Birth to Three	<input type="checkbox"/> Home Visitor	<input type="checkbox"/> Special Education
	<input type="checkbox"/> Agency Staff	<input type="checkbox"/> Other _____
REQUIRED: Registry ID or your birthdate and last 5 digits of your social security number to track your training attendance. <i>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 Registry website under Membership Resources to get started.</i>		
Registry ID: _____		
OR		
Birthdate (MM/DD/YYYY): _____		
AND		
Last 5 digits of social security number: _____		

Attendee Contact Information			
<i>If your contact information has recently changed, please be sure to also update your contact information on your Registry account.</i>			
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.