



Enrollee Information Form

Date and Location of Workshop:

Name of Program Taught at Workshop:

Name of Enrollee:

Position:

Organization or Agency:

Mailing Address:

Suite/Unit:

City, State and Zip code:

Direct Business Phone:

Cell Phone:

Fax:

Email:

Website:

AFTER COMPLETING THIS FORM return it by either mailing it to:

CICC

10975 Bluffside Drive, #1422

Studio City, California 91604

or by Scanning the Form & Emailing it to Dr. Alvy at:

kalvy@ciccparenting.org

CICC looks forward to seeing you at the Workshop!