

Workshop Registration Form

October 29, 2024 Grand Falls-Windsor

Name

CLPNNL License number

Contact telephone number

Place of employment (e.g. building, unit)

Do you have any food allergies we need to be aware of?      Yes      No

If yes, please identify:

Do you have any dietary considerations we need to be aware of (e.g., lactose free, gluten free, vegetarian)?    Yes      No

If yes, please identify:

(We will work with the caterer to accommodate. We will notify you if we are unable to address)

I am confirming my availability to attend this workshop on October 29, 2024, from 08.30 – 16.00.

(please place check mark to confirm).

Please note:      CLPNNL will provide employers with confirmation of an employee's attendance where requested.