

## **CECPD Educator Training Registration**

Name \_\_\_\_\_

Address \_\_\_\_\_

Town, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### CECPD Adult Education Course

Please write date and town of the training you would like to attend!

Module One \_\_\_\_\_

Module Two \_\_\_\_\_

Module Three \_\_\_\_\_

Module Four \_\_\_\_\_

Module Five \_\_\_\_\_

### CDA Advisor Training

Please write date and town of training you would like to attend!

### NEW Educator Training

Please write date and town of training you would like to attend!

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### Pathway Training

Please write date and town of training you would like to attend!

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Please return registration information to **Leanne Condray**.

Mail: 1801 N. Moore Ave.  
Moore, OK 73160

Email : lcondray@ou.edu

Fax: 405-325-5257  
7608

Call : 405-325-4684 or 888-446-

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