

**ETHNIC AND CULTURAL COMMUNITIES ADVISORY COMMITTEE (ECCAC)
FAMILY OUTREACH & ENGAGEMENT PROGRAM**

TRAINING/WRAP REGISTRATION FORM

REGISTRANT INFORMATION	OFFICE USE ONLY Confirmation/Follow up
Organization:	Date/Time:
Name:	Date/Time:
Email:	Comments:
Phone:	
Address:	No Show <input type="checkbox"/> Cancellation <input type="checkbox"/>

ECCAC Training Policy

- * Please register by completing this form, call or email, preferably one week before the training/WRAP date.
- * We will call or email to confirm attendance.
- * Any WRAP group with less than 6 attendees is subject to rescheduling.
- * Any training with less than 20 registrants is subject to rescheduling.
- * Each registrant will receive a resource folder, handbook and certificate upon successful completion.

TRAINING / WRAP INFORMATION

Circle one: WRAP **AMHFA** YMHFA QPR Other: _____

Location: 1075 E Santa Clara Street, San Jose, CA 95116

Date:

Time:

Contact: Peggy Cho, 408-792-3916, Peggy.Cho@HHS.SCCGOV.ORG (emails preferred)