WIC MIS Training Registration Form

Contact Name: _____ Phone:_____

Agency Name: _____

Email Address: _____
(Confirmations will be sent via email only)

To register for WIC MIS training, please select from the following list:
☐ WIC MIS Basic Part I - Date:_____ Location:_____
☐ WIC MIS Basic Part II - Date:_____ Location:_____
☐ WIC MIS Local Admin - Date:_____ Location:_____

If you are registering multiple staff for training, please include staff names below:

1) Staff Name:_____
2) Staff Name:_____
3) Staff Name:_____
4) Staff Name:_____
5) Staff Name:_____

Please email the completed registration form to WICTCDS@cdph.ca.gov or fax to (916) 440-5569.

Confirmations with complete details will be sent via email only. Please allow at least 3-5 business days to receive a confirmation.

California WIC Women, Infants & Children

California Department of Public Health CDPH