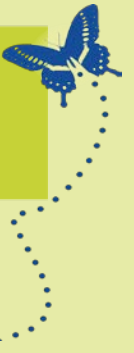


# Keeping Kids In Mind



## KKIM Facilitator Development Day 2015

### Registration Form

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email: \_\_\_\_\_

Position: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Did you attend last year: \_\_\_\_\_

Managers Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email address: \_\_\_\_\_

*We look forward to seeing you on the day!*

Please type, save and email registration form to  
**Kate.dover@catholiccare.org**

