



## COLLEGE OF DIRECT SUPPORT REGISTRATION

Agency			
Street Address			
City/State/Zip			
Contact Person		Title	
Phone Number		Email	

Learner Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learner Email		Module 1	Module 2	Module 3	Module 4	Module 5	Module 6
Learner Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learner Email		Module 1	Module 2	Module 3	Module 4	Module 5	Module 6
Learner Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learner Email		Module 1	Module 2	Module 3	Module 4	Module 5	Module 6
Learner Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Learner Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learner Email		Module 1	Module 2	Module 3	Module 4	Module 5	Module 6

Save this form for your records and send as an attachment to Stacy at [sdowling@nyalliance.org](mailto:sdowling@nyalliance.org)

**IF REGISTERING MORE THAN 10 LEARNERS, PLEASE ATTACH A SPREADSHEET OR MULTIPLE FORMS**

Once your registration is received, NY Alliance will contact you regarding your enrollment.

Questions? Contact Lisa at [lmount@nyalliance.org](mailto:lmount@nyalliance.org) or 518-795-3590