**Division of Developmental Disabilities Services (DDDS)**
**Office of Training and Professional Development (TAPD)**

## CLASS REGISTRATION FORM

| NAME | AGENCY | CLASS TITLE | DATE(S) |
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**Submitted by:** _____ **(Phone)** _____

**Agency:** _____ **(Location)** _____

**RETURN FAX#**

**(must have to process): (  )** _____

**New Castle County Registrations SUBMIT TO (NO PHONE CALLS):**
**Mona Savage /FAX# 302-836-2647/ e-mail: ramona.savage@state.de.us**