ECE-TRIS Participant Sign-in Area - Please Legibly Complete **All** Fields

Training Title:_____ **Date**:_____

PARTICIPANT NAME: _____ BIRTHDATE (2 digit Month & 2 digit Day): _____/_____

EMPLOYER: _____ PERSONAL PHONE: (_____) _____ COUNTY: _____

SIGNATURE: _____ EMAIL: _____

PARTICIPANT NAME: _____ BIRTHDATE (2 digit Month & 2 digit Day): _____/_____

EMPLOYER: _____ PERSONAL PHONE: (_____) _____ COUNTY: _____

SIGNATURE: _____ EMAIL: _____

PARTICIPANT NAME: _____ BIRTHDATE (2 digit Month & 2 digit Day): _____/_____

EMPLOYER: _____ PERSONAL PHONE: (_____) _____ COUNTY: _____

SIGNATURE: _____ EMAIL: _____

PARTICIPANT NAME: _____ BIRTHDATE (2 digit Month & 2 digit Day): _____/_____

EMPLOYER: _____ PERSONAL PHONE: (_____) _____ COUNTY: _____

SIGNATURE: _____ EMAIL: _____

PARTICIPANT NAME: _____ BIRTHDATE (2 digit Month & 2 digit Day): _____/_____

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EMPLOYER: _____ PERSONAL PHONE: (_____) _____ COUNTY: _____

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EMPLOYER: _____ PERSONAL PHONE: (_____) _____ COUNTY: _____

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EMPLOYER: _____ PERSONAL PHONE: (_____) _____ COUNTY: _____

SIGNATURE: _____ EMAIL: _____

Must be submitted with Cover Page

For KY Credentialed Trainers, upload within Assign Credit Page.

For DCC Approved events or Family Consumer Sciences Teachers: Email to ecetris@eku.edu

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