



MATERNAL AND CHILD
HEALTH CONSORTIUM
OF CHESTER COUNTY

CROSS CULTURAL CARING 2010

Interpreter Training Program

Please register me for the following session(s):

- ___ *Interpreter Protocol Development* \$50.00
September 14, 2010
- ___ *Interpreter Training** \$150.00
September 29, 30, & October 1st, 2010
- ___ *Strategies for Working with Interpreters* \$50.00
October 22, 2010

***Due to attendance limitations, we are only permitting one registrant per agency.**

PLEASE PRINT CLEARLY!

Name _____

Agency _____

Title _____

Address _____

City _____

State _____ Zip _____

Day Phone _____

Fax _____

Email _____

The interpreter training candidate is fluent in: English and _____

Enclosed please find my registration fee of \$ _____

Please make check payable to: Maternal and Child Health Consortium

Mail completed registration form with payment to: Courtney Coleman
 Community Health Support Coordinator
 30 W. Barnard Street, Suite # 1
 West Chester PA 19382
 Phone: (610) 344-5370 x108
 Fax: (610) 344-5279

Attendance is limited!

Once your registration form is received, you will be sent an email indicating that you have been successfully registered for the training. *If you do not receive an email verifying your registration, please contact Courtney Coleman immediately at 610-344-5370, ext. 108.* A final confirmation email will be sent approximately 1 week prior to the scheduled training date* containing detailed location and parking information.

*Those that are registered for the Interpreter Training require an interview with the instructor **prior to being formally accepted into the training**. This interview will take place by phone, no later than 2 weeks before the scheduled training date. If you do not complete the interview, your attendance is not permitted under any circumstances.