



# Training Registration Form

Training will take place at:  
National Latino Children's Institute  
118 Broadway St., Suite 615  
San Antonio, TX

**July 30-31, 2009**

Please check one of the following registration categories:

	General Registration	\$625.00
	Non-Profit Registration	\$525.00
	Promesa Partner/Current Salsa Site Registration	\$475.00

**Payment in full for each registrant must be received by July 16, 2009.**

Cancellations:

**Full fee refund if cancelled by July 20, 2009.**

**50% fee refund if cancelled by July 21, 2009.**

**Cancellations received after July 21, 2009 are NON-REFUNDABLE.**



Registrant Information:

Name of registrant: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Organization executive director: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Program contact person: \_\_\_\_\_

Program contact Email: \_\_\_\_\_



Payment Method:

\_\_\_\_ Check enclosed. Check number \_\_\_\_\_

\_\_\_\_ Credit Card. Please check one of the following:  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name and Address of Cardholder if different from registrant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_



Please submit the following demographic data information:

**About the registrant:**

Ethnicity: \_\_\_\_\_  
 Languages spoken: \_\_\_\_\_  
 Language preferred during training: \_\_\_English \_\_\_Spanish \_\_\_Both are fine  
 What is your country of origin? \_\_\_\_\_  
 Education level: \_\_\_GED \_\_\_High School Graduate \_\_\_Some College  
                           \_\_\_Bachelor's Degree \_\_\_Master's Degree \_\_\_Ph.D./Ed.D.

**Population served:**

Please fill out age and ethnic groups served by your organization.

Ages served	Approximate number by ethnicity (Note: Latinos can be of any race.)						
	Total number served	Latino	African American	Anglo	Asian	Native American	Other
0-5 years							
6-12 years							
13-19 years							
20-30 years							
30-49 years							
Over 50							
TOTALS							

**Organization description:**

Please check the main categories that best describe the services you provide.

- Child care
- Education
- Safe communities
- Prevention and treatment programs
- Other (please describe) \_\_\_\_\_
- Community development initiatives
- Health education and prevention
- Family strengthening programs
- Youth programs

How did you hear about *Salsa, Sabor y Salud*?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many participants are anticipated during the implementation of *Salsa, Sabor y Salud*? \_\_\_\_\_

YES. We would like to recommend the following organization to implement the *Salsa, Sabor y Salud* program. Upon confirmation of their registration, I will receive **\$ 25.00 OFF** my registration fee.

Name of organization \_\_\_\_\_

Contact person \_\_\_\_\_

Phone \_\_\_\_\_



## Salsa, Sabor y Salud Implementation Site Agreement

This letter of agreement is entered on (date) \_\_\_\_\_, between (organization name) \_\_\_\_\_ and the **National Latino Children's Institute** for implementation of *Salsa, Sabor y Salud*, a healthy lifestyle initiative for Latino families.

National Latino Children's Institute agrees to provide the following:

1. Training to designated staff/persons from \_\_\_\_\_ for implementation of the *Salsa, Sabor y Salud* initiative/curriculum at the above stated agency/site.
2. One *Salsa, Sabor y Salud* kit per registrant that includes program materials.
3. Technical assistance for a period one year from date of completed training/certification. (Questions and concerns submitted via e-mail or telephone pertaining to program implementation will receive a response within 24 hours.)
4. Access (log-in passwords) to the interactive *Salsa, Sabor y Salud* extranet for each registrant for a period of one year from date of completed training/certification.
5. Certificate of completion *Salsa, Sabor y Salud* training to each registrant upon successful completion of two-day training
6. Official *Salsa, Sabor y Salud* implementation site certificate to organization.

Organization agrees to the following:

1. To implementation of the *Salsa, Sabor y Salud*, healthy lifestyles initiative for Latino families, in accordance with NLCI guidelines.
2. To implement (number) \_\_\_\_\_ program cycles per year, for a period of one year (Site certification is renewable annually).
3. That all program materials, including intellectual property on extranet site (apart from those materials designed for distribution to participants, i.e. handouts on CD-Rom) are the property of NLCI and may not be copied, reproduced or redistributed without written permission from NLCI.
4. That all training materials associated with implementation of *Salsa, Sabor y Salud* are the property of the above stated organization and will not be transferred to any individual or other entity.
5. That the *Salsa, Sabor y Salud* program will be implemented only by facilitators who have successfully completed the approved NLCI two-day training.
6. That the *Salsa, Sabor y Salud* program will be implemented only at agency/sites and locations agreed upon at date of signing this agreement. NLCI must be notified in advance and agree to any expansion of the program to include new sites within an organization.

Special Conditions

**Usage**

It is understood that this agreement to implement *Salsa, Sabor y Salud* is entered into by NLCI and \_\_\_\_\_ organization, and that the relationship is between the above stated organizations and not any individuals.

**Timeline**

Program implementation at \_\_\_\_\_ site is to begin no later than (date)\_\_\_\_\_.

**Accountability**

\_\_\_\_\_ agrees to provide NLCI feedback forms and reports pertinent to program implementation, numbers of participants, attrition rates, etc. according to NLCI guidelines.

This agreement will terminate on (date)\_\_\_\_\_ unless mutually agreed in writing. If for any reason either party wants to terminate this agreement, the party requesting it shall submit a written notice to the other party within five days of decision. The other party should acknowledge receipt within 24 hours and communicate this to the other party immediately within 24 hours in writing.

**Agreed to by:**

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Josephine F. Garza, Executive Director  
National Latino Children's Institute

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Mail or fax form by deadline to:**

National Latino Children's Institute  
Attn: Salsa Training  
118 Broadway St., Suite 615  
San Antonio, TX 78205  
Phone: 210.228.9997  
Fax: 210.228.9972

