

**Missouri Department of Health and Senior Services
Missouri WIC and Nutrition Services
2016 Annual WIC Retailer Training Registration**

**Write the Local WIC Agency
number to the right:**

PLEASE PRINT

Store Name: _____

City: _____

Phone Number: (_____) _____ - _____

Fax Number: (_____) _____ - _____

Email Address: _____

Please write the session number, date, time and location of the training session that you are interested in registering for below:

Session #: _____ **Date:** _____ / _____ / _____ **Time:** _____ a.m. / p.m.

City/Location: _____

Please type or print the name(s) and title of the person(s) attending:

REPRESENTATIVE(S):

1. _____ **Title** _____

2. _____ **Title** _____

Please advise what accommodations you may need or if you need an interpreter, please list language needed to be available during the above training session.