



**New Employee Training  
September 10-12, 2024**

**Helena, MT**

Registration Form

Name: \_\_\_\_\_

Local Agency: \_\_\_\_\_

Contact—Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Start Date at WIC: \_\_\_\_\_ Position(s): \_\_\_\_\_

The above named staff person has been approved to attend the designated New Local Program Staff Training dates(s). I understand that this training will be held in person. I also understand that the staff person is to complete the required activities prior to attending.

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

EMAIL COMPLETED FORM TO: [montanawicprogram@mt.gov](mailto:montanawicprogram@mt.gov)

Registration Deadline: August 9th