



**Safe Travel for All Children:  
Transporting Children with Special Health Care Needs**

**Course Registration Form**

STAC Two Day In-Person Course: Y or N      STAC Hybrid with One Day In-Person Course: Y or N

Lead Instructor Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please initial the following statement:**

\_\_\_\_\_ I agree to teach the class in its entirety.

Please list all co-instructors and/or guest speakers that are anticipated to be assisting with this STAC course: (please include all names and contact information)

- A) \_\_\_\_\_
- B) \_\_\_\_\_
- C) \_\_\_\_\_

Please provide the following information:

Course Administrator: \_\_\_\_\_

Course Administrator Phone: \_\_\_\_\_

Course Administrator e-mail Address: \_\_\_\_\_

Dates of Course: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Address of Course: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Registration Deadline: \_\_\_\_\_

Registration Link (if applicable): \_\_\_\_\_

Expected Number of Safe Travel for All Children participants: \_\_\_\_\_

\*Brochures can be downloaded free of charge at [preventinjury.medicine.iu.edu/brochures](http://preventinjury.medicine.iu.edu/brochures).

\*Course materials must be submitted to the National Center within **30 days** of course end date.

Please return this course registration form to:

National Center for the Safe Transportation of Children with Special Health Care Needs  
Pediatric Care Center / 1002 Wishard Blvd PC 0001 / Indianapolis, IN 46202  
Fax to 317-274-6710 OR submit electronically to [natlcntr@iu.edu](mailto:natlcntr@iu.edu).

Please direct questions to the National Center at [natlcntr@iu.edu](mailto:natlcntr@iu.edu) or 1-800-543-6227.