

Training Release

Only one training release is required per company

*FEIN (Federal Employer Identification Number):			
*Employer Legal Name:			
Doing Business As Name:	<input type="checkbox"/> Same as Legal Name, or enter here:		
Unemployment Insurance Tax ID:		Active Status:	
Industry Category			
Industry Sub Sector			
Industry Group			
Business Description: (Max 100 characters)			
Branch/Location Name: (Ex: "Harrisburg Office")			
Ownership			
Affirmative Action Employer		Federal Contracting Job Listing Employer	

Employer Details

*Address Line 1:			
Address Line 2:			
*City:		*State:	
*Zip Code:		*County:	#REF!
*Phone Number:		Extension:	
Fax Number:		Email:	
Website URL:			

Personal Details

*Name:			
*Address Line 1:	0		
Address Line 2:	0		
*City:	0	*State:	0
*Zip Code:	00000	*County:	####

I hereby acknowledge that by providing a signed copy of this registration form to my Indus Coordinator/Local Workforce Development Board Representative (please circle one) I am g Coordinator/WDB representative permission to enter confidential data regarding employee Comprehensive Workforce Development System (CWDS) on my behalf. This confidential d is not limited to an employee's social security number.

Signature of Company Representative: _____

Please Print Name: _____

Please complete this form, print and sign the bottom, then return to Sherry Cockerham via fax or

Sherry Cockerham

MACC/DC Project Coordinator

737 Constitution Drive

Exton, PA 19341

(610) 321-8213

(610) 458-7770 (Fax)

scockerham@ccedcpa.com

The Manufacturing Alliance of Chester and Delaware Counties MACCDC Grant Application 2018-2019

Please complete the following information and return with requested materials

Employer Data			
Organization Name:			
Organization Address:			
Contact Person Name/Phone Number:			
Course Title:			
Dates and Location of Course:			
Cost of Course: \$ <i>Please note: MACCDC will be able to reimburse up to 50% of the cost of the course (course fee only). The check will be made out to the organization at the name/address indicated above.</i>			
Participant Data			
Name of Participant		Title	/RN
Address		City	
State	PA	Zip	
Phone		E-mail	
Fax		Website	
Social Security Number (REQUIRED)		Gender (Optional)	Male/Female
Race (Optional)		Ethnicity (Optional)	
Name of Certification/Credential Achieved by Participant:			
Please answer the following question (REQUIRED): <div style="text-align: center; margin-top: 5px;"> "Did this training improve your technical skill set?" Yes/No (circle one) Please explain: </div>			

Please return this form after the completion of the course with the following materials:

- Training description (agendas and/or course flyer)
- Copy of proof of payment (copy of check or proof of credit card payment)
- Copy of certification and/CEs achieved as a result of the training

Fax or mail the MACCDC Grant Application form plus materials to:

Fax: 610-458-7770 Attn: Sherry Cockerham, MACCDC Project Coordinator

Mail: Chester County Economic Development Council

Attn: Sherry Cockerham, Project Coordinator, **The Manufacturing Alliance of Chester and Delaware Counties**
737 Constitution Drive, Exton, PA 19341

Please do not email the form due to security reasons.

Questions: If you have any questions, please contact Jim Lauckner at 610-321-8231 or jlauckner@ccedcpa.com