



**CASHIER TRAINING REGISTRATION FORM**

**Until further notice, all trainings will be conducted virtually.**

Store Name (with number if any): \_\_\_\_\_

WIC Vendor I.D. Number: \_\_\_\_\_

Store Telephone Number: \_\_\_\_\_

Email Address (REQUIRED): \_\_\_\_\_

Training Date Requested: \_\_\_\_\_

Training Time Requested: \_\_\_\_\_

Number of Persons Attending: \_\_\_\_\_

Person Sending in this Form: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**Email registration to: [terri.buckler@maryland.gov](mailto:terri.buckler@maryland.gov)**

If you have any questions or require additional information, email [terri.buckler@maryland.gov](mailto:terri.buckler@maryland.gov).