



the support network

400, 10025 – 106 Street (Baker Centre) Edmonton AB T5J 1G4
Phone: (780) 482-0198 Fax: (780) 488-1495

MANUAL EVENTBRITE AGENCY REGISTRATION FORM

CONTACT NAME: _____ CONTACT PHONE #: _____
AGENCY: _____ DATE: _____
ADDRESS: Agency Res. _____

EMAIL ADDRESS: _____ NO EMAIL ADDRESS AVAILABLE

NAMES OF ALL REGISTRANTS (MAX. 8):

Name 1: _____ Name 5: _____
Name 2: _____ Name 6: _____
Name 3: _____ Name 7: _____
Name 4: _____ Name 8: _____

<input checked="" type="checkbox"/>	WORKSHOP (CHECK ONLY <u>ONE</u>)	DATE(S)	FEE/PERSON	#	TOTAL AMT
	2-Day Suicide Intervention (14 hrs)		\$135 (\$6.75 GST) = \$141.75		
	1-Day Suicide Intervention (7 hrs)		\$70 (\$3.50 GST) = \$73.50		
	De-Escalating Angry Clients (3 hrs)		\$45 (\$2.25 GST) = \$47.25		
	Debriefing Stressful Situations (3 hrs)		\$45 (\$2.25 GST) = \$47.25		
	Understanding Self Harm (2 hrs)		\$40 (\$2.00 GST) = \$42.00		
	Community Connections (2.5 hrs)		\$40 (\$2.00 GST) = \$42.00		
TOTAL AMOUNT DUE:					

METHOD OF PAYMENT:

MCARD / VISA _____ Exp: _____ / _____

Cardholder Name: _____ Authorization #: _____

Cheque #: _____ Cash: _____

OFFICE USE ONLY	RECEIPT & CONFIRMATION SENT: <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> FAX # <input type="checkbox"/> IN PERSON
	<input type="checkbox"/> RECEIPT TO BE PICKED UP AT WORKSHOP