

2010 Workshop Registration Form

400, 10025 – 106 Street (Baker Centre) Edmonton AB T5J 1G4

Phone: (780) 482-0198 Fax: (780) 488-1495



the support network

PLEASE USE THIS FORM FOR PAYMENT BY CHEQUE ONLY

- credit card registrations will be accepted through our online registration system
- seats will not be reserved without payment; payment must accompany this form
- by registering for this workshop, you are agreeing to the cancellation & certificate requirement policies as posted on our website

Name: _____ Daytime Phone: _____

Agency: _____ Date: _____

Address: _____

_____ Postal Code: _____

CONFIRMATION OF REGISTRATION WILL BE SENT TO THIS EMAIL ADDRESS:

Email: _____ No email address available

<input checked="" type="checkbox"/>	WORKSHOP	Please indicate Workshop Date(s)	FEE			
	2-Day Suicide Intervention Certification Training (14 hrs)		\$135			
	1-Day Suicide Intervention Training (7 hrs)		\$ 70			
	2-Day Family Violence Intervention Training (14 hrs)		\$135			
	De-Escalating Angry Clients (3 hrs)		\$45			
	Debriefing Stressful Situations (3 hrs)		\$45			
	Understanding Self Harm (2 hrs)		\$35			
	Community Connections (2 hrs)		\$35			
	Crisis Intervention Basics (ONLINE only) Allows for 30 days of online access to complete self-directed course – PLEASE FILL IN YOUR PREFERRED START DATE (allow at least 1 week to activate)	My Preferred Start Date: _____	\$70			
Total Fees			\$			
Add 5% GST			\$			
TOTAL AMOUNT DUE (Cheque enclosed) OR cash accepted in person only			\$			
<i>OFFICE USE ONLY</i>	REG DATE	CHQ	CASH	OTHER	CONFIRMATION <input type="checkbox"/> MAIL <input type="checkbox"/> FAX	<input type="checkbox"/> EMAIL <input type="checkbox"/> IN PERSON
	EVENTBRITE UPDATED	REFUND DATE NOTES:				<input type="checkbox"/> CHQ <input type="checkbox"/> MCRD <input type="checkbox"/> VISA <input type="checkbox"/> PAYPAL