



Office Use Only	
Date Received:	_____
Confirmation Sent:	_____
Total Number Registered:	_____
Payment Amount:	_____
Check Number:	_____

Training Registration Form
Clinical Supervision Training
June 14-15, 2011 ♦ 9:30am - 4:30 pm
Training Location: Am Track Station (training room)
101 N. Main Street, Burlington, NC 27217

Name of Agency: _____

Agency Contact Person: _____

Agency Mailing Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

*Training Attendees: _____

Registration Fees: \$130 per person (2 day - 12 hour training)

Number of Registered Participants: _____ Total Registration Fees: _____

To Register Contact: Carmen Morrow, Training Coordinator - Alamance Caswell LME
Email: cmorrow@acmhdds.org Call: 336-513-4200 ext. 4108

Important Information

- **All registration fees are non-refundable. Credits will not be honored for missed training.**
- **Individuals arriving 25 min. past the start time will not be allowed into the training.**
- If for some reason a registered participant is unable to attend the training indicated on this registration form, a substitute can be sent for this training session only.