

# Continuing Education Registration Form

Advance registration with full payment is required for all conferences. To register, you can either:

- Mail a completed copy of this form with your check (made out to Brattleboro Retreat) or your credit card information to:

**Brattleboro Retreat, Office of Continuing Education,  
Anna Marsh Lane, P.O. Box 803, Brattleboro, VT 05302**

- Fax a completed copy of this form with your credit card information to 802-258-3790.

- Register online at [brattlebororetreat.org/conferences](http://brattlebororetreat.org/conferences)

NOTES: Purchase orders/invoices will only be accepted at full price and through special arrangement with the Education Coordinator. Fees are refundable less a \$30 service charge up to two weeks prior to an event.

For more information, please call 802-258-4359.

(PLEASE PRINT CLEARLY)

\_\_\_\_\_  
Conference Title

Date: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

VENUE:  Brattleboro  Holyoke  Montpelier

\_\_\_\_\_  
Conference Title

Date: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

VENUE:  Brattleboro  Holyoke  Montpelier

\_\_\_\_\_  
Conference Title

Date: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

VENUE:  Brattleboro  Holyoke  Montpelier

Total: \$ \_\_\_\_\_

Name and credentials as you would like them to appear on C.E. certificate:

\_\_\_\_\_  
Professional Association(s): \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office phone/cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email (for confirmation): \_\_\_\_\_

Above is my:  Home address  Work address

Payment method:  Check enclosed  Charge my credit card

VISA  MASTERCARD  DISCOVER

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Your **credit card's** billing zip code: \_\_\_\_\_

\_\_\_\_\_  
Signature

Please mail me more information about the Brattleboro Retreat.

I would like to receive the Brattleboro Retreat's e-newsletter.