

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,
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**

NOTES: Purchase orders 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.

Call the Education Coordinator for more info at **802-258-4359**.

Please register me for the following conference(s):

(PLEASE PRINT CLEARLY)

Conference Title _____

Date: _____ Cost: \$ _____

VENUE: Brattleboro Holyoke

Conference Title _____

Date: _____ Cost: \$ _____

VENUE: Brattleboro Holyoke

Conference Title _____

Date: _____ Cost: \$ _____

VENUE: Brattleboro Holyoke

Total: \$ _____

Write your name and credentials on the line below as you would like them to appear on your C.E. certificate:

Accrediting Organization (APA, NBCC, NAADAC, etc.): _____

For Social Workers only, state and license #: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Office phone/cell: _____

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 _____

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