



# Brattleboro Retreat Fall 2019 Continuing Education Registration Form

Advance registration with full payment is required for all conferences. Please do not send registration without payment.

### To register:

- Register online at [brattlebororetreat.org/continuing-education](http://brattlebororetreat.org/continuing-education) and save money!
- Mail a completed copy of this form with your check (made payable to the Brattleboro Retreat) or credit card information to:  
**Brattleboro Retreat, Office of Continuing Education, P.O. Box 803, Brattleboro, Vermont 05302**
- Registration by purchase order, mail, or phone for individual conferences will only be accepted at the full price of \$179 for full-day conferences, \$122 for half-day conferences.
- Fax a completed copy of this form with your credit card information to 802-258-3790
- Call 802-258-4359 if you intend to attend three or more different conferences and wish to receive our special bulk discount.

### Check your professional discipline

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Drug and Alcohol Counselor           | <input type="checkbox"/> Licensed Mental Health Counselor | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Nurse                                | <input type="checkbox"/> Physician                        | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Licensed Marriage & Family Therapist | <input type="checkbox"/> Psychologist                     |  |

Please print your name and credentials on the line below exactly as you would have them appear on your certificate.

Name \_\_\_\_\_

For Social Workers only, please provide state and license # \_\_\_\_\_

Organization \_\_\_\_\_

Preferred Address \_\_\_\_\_

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

Preferred phone number \_\_\_\_\_

**Email required** (For evaluations and CE certificates) \_\_\_\_\_

Payment method  Check  Credit Card  Purchase Order # \_\_\_\_\_

Purchase Order Contact and Institutional Address: \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Your credit card's billing zip code \_\_\_\_\_ Signature \_\_\_\_\_

### I would like to attend the following conference(s):

Title \_\_\_\_\_

Date \_\_\_\_\_ Venue \_\_\_\_\_ Price \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_ Venue \_\_\_\_\_ Price \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_ Venue \_\_\_\_\_ Price \_\_\_\_\_

**Total** \_\_\_\_\_

Please indicate a food preference as lunch is provided at each conference (not included with half-day).

- non-vegetarian  vegetarian  gluten-free  I will be eating off-site

Please specify any other food restrictions: \_\_\_\_\_

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

This is the first conference I have attended through the Brattleboro Retreat's Office of Continuing Education.

| Registration Fees                  | Full price mail, phone, fax or purchase order | Walk-in Registration (Seating not guaranteed) |
|------------------------------------|---|---|
| <b>One-Day Event</b> 6 CE hours    | <b>\$179</b>                                  | <b>\$199</b>                                  |
| <b>Half-Day Event</b> 3.5 CE hours | <b>\$122</b>                                  | <b>\$138</b>                                  |