



Brattleboro Retreat Spring 2018 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 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 \$177 for full-day conferences and \$117 for half-day conferences.
- Fax a completed copy of this form with your credit card information to 802-258-3790
- Call 802-258-4359

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 receive the Brattleboro Retreat's e-newsletter.

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

Please indicate a food preference as lunch is provided at each conference.

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

Please specify any other food restrictions: _____

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

Title _____

Date _____ Venue _____ Price _____

Title _____

Date _____ Venue _____ Price _____

Title _____

Date _____ Venue _____ Price _____

Total _____

Registration Fees	Full price mail, phone, fax or purchase order	Walk-in Registration (Seating not guaranteed)
One-Day Event 6 CE hours	\$177	\$197
Half-Day Event 3.5 CE hours	\$117	\$133