

Special Social Work Training Registration

March 13, 2009

Please use this form ONLY for Registration

Name of Program or Individual _____

Mailing Address _____
Street/PO Box/Other _____ City/State _____ Zip Code _____

Contact Person _____ Position/Title _____

Contact Person Email _____ Day Phone _____
Please Print Clearly -- Registration Confirmation Will Be Emailed ONLY

Social Work Training Registration

Note Deadlines – Refer to flyer

_____ person(s)** Friday, March 13, Social Work Training ONLY X \$65 \$75 \$85 = \$ _____
circle correct daily fee

If mailing please postmark two (2) days prior to deadline date!!

Payment Information

___ Check attached (made payable to CDTP) in the amount of \$ _____

___ Bill to the above agency (PO attached or PO # _____) in the amount of \$ _____

Registration is non-refundable, therefore all Purchase Orders must be honored.

**Please list all names that will be attending through this registration:

Return registration to:

Cherry Brouwer, Child Development Training Program,
Bemidji State University #35, 1500 Birchmont Drive NE, Bemidji, MN 56601

OR

Fax to Cherry Brouwer at 218-755-3787

Questions: Cherry @ 218-755-3779 or 888-234-1305 or cbrouwer@bemidjistate.edu
Make sure "Social Work Training" is on the Subject Line

OFFICE USE ONLY: Date received _____ Paid _____ Billed _____