

**Training Registration Form for any Open Training\***

**(for paying by check or purchase order only)\*\***

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| 1. Date of training\* |  |
| 2. Training location – City and State |  |
| 3. How many people do you want to register? |  |
| 4. Attendee Name(s) |  |
| 5. Your agency |  |
| 6. Your email address |  |
| 7. Your phone number |  |
| 8. Payment type (check or PO?)\*\* |  |
| 9. Total amount |  |
| 10. Notes / comments |  |

\* Available “open trainings” are listed at www.treatment-innovations.org, Store / Open trainings.

\*\*It is simplest to register using a credit card at www.treatment-innovations.org (click Store, then Open Trainings). But if you want to pay by check or purchase order, please use this form.

***Check.*** Make check payable to Treatment Innovations and mail it with this form; see address below.

***Purchase order.***Either email or mail the formal institutional purchase order along with this form to orders@seekingsafety.org. For regular mail see address below.

**Address:** Treatment Innovations, 28 Westbourne Rd., Newton Centre, MA 02459

We will email you a confirmation of your registration.

**Questions?** Email Alex at orders@seekingsafety.org. Thanks!