

Christian Counseling Ministries of WNY

Behind Closed Doors Initiative

Presents

MENTAL HEALTH FIRST AID TRAINING

Registration Form

Event Date & Time: Tuesday, April 30, 2019 8:30am-4:30pm (Registration 8am)

* (You must be present at entire event to receive certificate)

Place: Eastern Hills Wesleyan Church

NAME OF ATTENDEE:
ADDRESS: _____ Street City State Zip
CHURCH OR NONPROFIT AFFILIATION:
TITLE/POSITION:
CONTACT PHONE NUMBER:
EMAIL ADDRESS:
How did you hear about this workshop?
REGISTRATION FEE
Postmarked before 3/15/19: \$50.00 Postmarked after 3/15/19: \$55.00 Registration fee is non-refundable Payment may be received by credit card or check. Please make checks payable to <i>CCM of WNY</i> .
PAYMENT ENCLOSED: <input type="checkbox"/> CREDIT CARD: (Circle) VISA Mastercard Discover <input type="checkbox"/> CHECK <i>For credit only:</i> Name on Card: _____ Credit Card #: _____ Billing Address: _____ Zip Code: _____ Expiration: _____ Security Code: _____ Authorized Signature: _____
FOR OFFICE USE ONLY Paid amount: _____ Date Received: _____ Date Check Cashed: _____ Date CC Charged: _____ Authorization Code: _____ Initials: _____ Email Confirmation Sent: _____ NOTES: _____

MAIL TO: CCM of WNY 9070 Main Street Clarence, NY 14031

Questions? 632-3200 x10