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**TRAINING OPPORTUNITIES REGISTRATION FORM**

**(Please print or type clearly)**

**Registrant’s Information**

First Name MI Last Name

**□ Work □ Home (optional)**

Name of Organization Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Occupation/Job Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail I work with: □ children □ adults

**I AM REGISTERING FOR THE FOLLOWING TRAINING(S):**

**Basic Provider $425.00** \_ **Basic Provider/Reference Manual $625.00** \_\_\_\_\_\_ **MIT Recertification $350.00** \_\_\_\_\_\_ **MOVE International Trainer® $1200.00** (*For Certified MOVE Basic Providers* ***ONLY***)

**Location of Training:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of Training:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**METHOD OF PAYMENT:**

Payer name (if different than registrant):

Payer phone: Payer email:

Payment Amt. $ □ Check (made payable to MOVE International)

P.O. Number □ Credit Card: ০ Visa ০ MasterCard \_\_\_\_\_\_ Exp. date

Card Number \_\_Security code:

Signature:

Please return completed form to: *MOVE International, Christine.sarnacki@cfdsny.org*

**IMPORTANT: Deadline for registration is two weeks prior to training date.**

***MOVE Intl. reserves the right to cancel any training if less than ten people have registered two weeks prior to the training date.***