



TRAINING OPPORTUNITIES REGISTRATION FORM

(Please print or type clearly)

Registrant's Information

First Name _____		MI _____	Last Name _____	
<input type="checkbox"/> Work		<input type="checkbox"/> 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: <input type="checkbox"/> children <input type="checkbox"/> 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® \$1400.00
<i>(For Certified MOVE Basic Providers ONLY)</i>	
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: Visa 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.