



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	Occupation/Job Title
Telephone		
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® \$1400.00
(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: ☐ 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.