



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):

<input type="checkbox"/> Basic Provider \$425.00	<input type="checkbox"/> Basic Provider/Reference Manual \$625.00
<input type="checkbox"/> MIT Recertification \$350.00 (\$542 AUD)	<input type="checkbox"/> 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.***