TRAINING OPPORTUNITIES REGISTRATION FORM

(Please print or type clearly)

Registrant's Information

First Name MI Last Name

☐ **Work**

Name of Organization

Street Address

City State Zip Code

Telephone

E-Mail

☐ **Home (optional)**

Street Address

City State Zip Code

Telephone

Occupation/Job Title

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** $2158 AUD

(*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.