



BHR TRAININGS REGISTRATION FORM

Name:

Today's Date:

TRAINING INFORMATION

Training Date:	Your name as you would like it to appear on your certificate:			
How did you hear about our training?	<input type="checkbox"/> BHR Email	<input type="checkbox"/> Co-Worker	<input type="checkbox"/> Friend	<input type="checkbox"/> Past Participant
	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Trainer	<input type="checkbox"/> Website - BHR	<input type="checkbox"/> Website - MHFA
Primary population you work with:				

ST. CHARLES CCRB TRAINING CRITERIA

To attend a training *FREE* of charge, you must check *ONE* of the boxes below and provide information. By checking the boxes below, you certify that this information is true and accurate to the best of your knowledge.

I live in St. Charles County I work in St. Charles County I serve St. Charles County children/youth

Agency:			
Address:			
City:	State:		
Zip:	County:	St. Charles	

At least one contact number is required. Please enter a contact number below:

Work Phone:	Home Phone:	Cell Phone:
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An email address is requested as this is our first line of communication. Your email address will be used strictly for BHR trainings and not distributed any further. You may opt out of receiving future training emails at any time.

Email Address:	<input type="checkbox"/> Personal <input type="checkbox"/> Work
<input type="checkbox"/> I DO wish to receive future BHR training emails <input type="checkbox"/> I DO NOT wish to receive future BHR training emails	

PERSONAL CONSIDERATIONS

Allergies:	<input type="checkbox"/> None	<input type="checkbox"/> Eggs	<input type="checkbox"/> Fish	<input type="checkbox"/> Gluten	<input type="checkbox"/> Nuts	<input type="checkbox"/> Shellfish
Other:	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Lactose Int.	<input type="checkbox"/> No Beef	<input type="checkbox"/> No Pork	<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian
Other Considerations Not Listed:						

IN CASE OF EMERGENCY NOTIFY

Name:	Relationship:
Phone:	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> OK to leave a message

Please complete this form and return it to trainings@bhrworldwide.com

We are aware emergencies do arise but if you sign up for a training, please make every effort to attend. If you must cancel, please contact us at trainings@bhrworldwide.com as soon as possible to reschedule.

A registration form is required for each participant.