



ASIST TRAINING REGISTRATION FORM

Participant Name:	Today's Date:
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TRAINING INFORMATION

Training Dates: <input type="checkbox"/> October 31 & November 1, 2018	
First Name for Name Tag:	Name for certificate:

PARTICIPANT INFORMATION

To attend training, you must check ONE of the boxes (either #1, #2, #3) below.

By checking the boxes below, you certify that this information is true and accurate to the best of your knowledge.

#1 Group Participants Only - I am a participant of a group training and my employer will be submitting payment for the group. **OR**

#2 I am emailing my registration form to reserve my space in the training.

✓ **My check for \$225 made payable to "Behavioral Health Response" will be mailed to: Attn: Chris Sandwell, BHR, 12647 Olive Blvd., Suite 200, St. Louis, MO 63141.**

✓ **I understand that if payment is not received at least 7 days prior to the date of my training that my space will be relinquished to another participant.**

Please complete the information below and submit a registration form:

Organization:	
Address:	
City:	
State:	Zip:

An email is required as this is our primary method of contacting you regarding your training.

Email:	<input type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> Other:
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At least one phone number is required as our secondary method of contacting you.

Phones:	Home:	Work:	Cell:
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I DO wish to receive future BHR trainings emails. **I DO NOT** wish to receive future BHR trainings 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:						

IN CASE OF EMERGENCY NOTIFY

Name:	Relationship:
Phone:	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Calls Only <input type="checkbox"/> OK to Text

BHR understands that emergencies can arise. However, if you register for a training, please make every effort to attend. Our trainings fill up quickly and we often have waiting lists of individuals hoping for an opportunity to attend. If you must cancel, please contact us at the email address below to reschedule.

Return your completed form to trainings@bhrworldwide.com