



ASIST TRAINING REGISTRATION FORM

Participant Name:	Today's Date:
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TRAINING INFORMATION	
Training Dates: <input type="checkbox"/> April 25 & 26, 2018	
First Name for Name Tag:	Name for certificate:

PARTICIPANT INFORMATION	
<i>To attend training, you must check ONE of the boxes (either #1, #2, #3) below.</i>	
<i>By checking the boxes below, you certify that this information is true and accurate to the best of your knowledge.</i>	
#1 <input type="checkbox"/> Group Participants Only - I am a participant of a group training and my employer will be submitting payment for the group. OR	
#2 <input type="checkbox"/> I am emailing my registration form to reserve my space in the training.	
<input checked="" type="checkbox"/> 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.	
<input checked="" type="checkbox"/> 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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<input type="checkbox"/> I DO wish to receive future BHR trainings emails.	<input type="checkbox"/> I DO NOT wish to receive future BHR trainings emails.
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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

