



Artist: Juli, age 6

TOUCHPOINTS TRAINING REGISTRATION 2008

Name: _____

Address (home): _____

Phone (home): _____

Fax (home): _____

E-mail address: _____

Years in the field: _____

Degree(s): _____

Organization & Address: _____

Phone (work): _____

Fax (work): _____

Current Title: _____

Current professional responsibilities:

Brief professional experience/history:

What is your primary goal as an individual in attending Touchpoints training?

Where and how would you like to implement Touchpoints principles after the training?

How did you learn about this training? _____

Hotel information will be sent upon receipt of this completed registration form.

Do you have any special dietary needs? (If yes, please indicate) _____

Please indicate which training you are planning to attend:

June 16-20, 2008, Boston, MA (CLT)*

September 8-10, 2008, Boston, MA (ILT)

October 18-19, 2008, Boston, MA (ECE)

October 21-23, 2008, Decatur, IL (ILT)

* Completion of Touchpoints Training for individual providers is a prerequisite for Community Level Training.

Training fees: ILT and FLT - \$1200 and ECE - \$500 (Call BTC for CLT pricing)

NOTE: I understand that upon completion of this training I will be able to use Touchpoints materials in my practice. I also understand that my Touchpoints training does not authorize me to conduct trainings in the Touchpoints model.

Pending participant level, training may be rescheduled. BTC will confirm dates one month prior to training.

Signature _____

Date _____