



TOUCHPOINTS TRAINING REGISTRATION 2010

Participant Name: _____

Years in Field: _____

Organization & Address _____

Current Title: _____

Degree: _____

Organizational Leader (Exec. Dir./CEO):

Name: _____

Phone: _____

E-mail: _____

E-mail: _____

Phone: _____

Current professional responsibilities:

Direct Service Staff Supervisory Staff Program Management Staff Executive/Leadership

Other _____

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:

- September 13-15, 2010, Boston, MA (ILT)
- July 9-10, 2010, Bank Street, New York City, NY (ECE)
- October 16-17, 2010, Boston, MA (ECE)
- October 26-28, 2010, Decatur, IL (ILT)

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

*** Attendance is mandatory for the duration of each 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 _____