



APA-SPONSORED PARENT TRAINING WORKSHOP FOR PROFESSIONALS
A.C.T.: Raising Safe Kids ** February 22-23-24, 2012

REGISTRATION FORM

Deadline: Registrations must be received in the mail no later than Tuesday, January 31, 2012

Full Name:	
Mailing Address:	
City / State / Zip:	
Email:	
Phone:	
Fax:	
Job Title:	
Agency or Organization Name:	
Do you need... (please check all that apply) (Ohio only)	<input type="checkbox"/> Social Worker CEUs <input type="checkbox"/> Counselor CEUs <input type="checkbox"/> Psychologist CEUs

I am registering for:	<input type="checkbox"/> ACT Facilitator Training on Wednesday, February 22, 2012 and Thursday, February 23, 2012 <input type="checkbox"/> ACT Coordinator Training on Friday, February 24, 2012 (9am-1pm) (<i>only for those who have completed the Facilitator Training; required to train other professionals in ACT</i>).
Language Preference:	Those registering for the Facilitator training will receive one ACT kit as a part of their registration fee. I wish to receive my ACT materials in: <input type="checkbox"/> English <input type="checkbox"/> Spanish
Total Due: Note: \$200 for just Facilitator Training \$ 50 for just Coordinator Training	\$ _____ TOTAL
Payment:	<input type="checkbox"/> I am enclosing a check made payable to "The University of Toledo". In memo section write: "ACT Great Lakes Regional Center Training" <input type="checkbox"/> My employer requires an invoice to pay for the workshop.

Please return completed form and payment in full to: Katie Cornell, Community Liaison,
 ACT Great Lakes Regional Center, The University of Toledo College of Medicine, Department of Psychiatry,
 Kobacker Center, Mail Stop 1161, 3000 Arlington Ave., Toledo OH 43614.