

Registration Form

"Foundations Workshop in Facilitating Peer Support Groups"

Sunday, April 30, 9:30 a.m. to 5:00 p.m.
De Marneffe Building, 115 Mill Street, McLean Hospital, Belmont

- 9:15-9:45 a.m. Registration
- 9:30-10:00 a.m. Continental Breakfast
- Program starts promptly at 10:00 a.m.

Please make check payable to: DBSA-Boston
(One registrant per form. Please print.) Complete form and mail with check to:
DBSA-Boston, Facilitator Training, PO Box 102, Belmont, MA 02478

Payment must accompany registration form to reserve a seat,
and be received in our office by April 26, 5:00 p.m. EST.

Workshop is limited to 20 participants

Name: _____

Address: _____

Phone #: _____

Email: _____

Check the appropriate box:

- | | | | |
|---|---------|--|------|
| <input type="checkbox"/> DBSA-Boston Member | \$35.00 | <input type="checkbox"/> Members that took course before | \$15 |
| <input type="checkbox"/> DBSA Member Affiliate | \$45.00 | Please bring course book | |
| <input type="checkbox"/> Peer Services Professional | \$60.00 | | |
| <input type="checkbox"/> Other Attendees | \$70.00 | | |

I am adding an additional tax-deductible donation to

DBSA-Boston \$_____

Registration fee includes: Six-hour workshop, refreshments all day, Certificate of Attendance. Materials will be provided on three-hole paper without additional charge.

DBSA-Boston membership is tax deductible.

I understand and agree that by attending this training, I do not automatically become a DBSA-Boston facilitator, and will not represent myself as such.

Signature: _____

The registration form is incomplete without your signature.