



Registration Form

Thank you for your participation in American Teens in Crisis.

Please complete the following information and return it with your payment no later than April 20, 2018.

Main Contact:

Name: _____

Company: _____

Title/Position: _____

Address: _____

City: _____ ST: _____ Zip code: _____

Phone #: _____ Cell #: _____

Email: _____

Registration:

\$60 Number of attendees: _____ Total Due: \$ _____

Payment:

Payment Enclosed Check # _____ Credit Card

Name on Card: _____

Billing Address: _____, _____, _____

Card Number: _____ Exp Date: _____ CVS: _____

Please use the following document for group registration. We will need full information on all attendees. Feel free to copy the page for additional attendees. Remit payment to address below.

Again, we thank you for your participation and trust that you will enjoy the conference and take away valuable tools to assist you in equipping and empowering youth to make healthy choices. Please contact our office if we can be of further assistance.

Please complete the following information for each person attending:

Name: _____

Company: _____

Title/Position: _____

Address: _____

City: _____ ST: _____ Zip code: _____

Phone #: _____ Cell #: _____

Email: _____

Breakfast & Lunch are provided with your registration fee. Please let us know if you have any

Special Dietary Needs: Vegetarian Gluten Free Other: _____

I would like to receive: CEUs (Mental Health) PGPs Certificate of Attendance

Name: _____

Company: _____

Title/Position: _____

Address: _____

City: _____ ST: _____ Zip code: _____

Phone #: _____ Cell #: _____

Email: _____

Breakfast & Lunch are provided with your registration fee. Please let us know if you have any

Special Dietary Needs: Vegetarian Gluten Free Other: _____

I would like to receive: CEUs (Mental Health) PGPs Certificate of Attendance

Name: _____

Company: _____

Title/Position: _____

Address: _____

City: _____ ST: _____ Zip code: _____

Phone #: _____ Cell #: _____

Email: _____

Breakfast & Lunch are provided with your registration fee. Please let us know if you have any

Special Dietary Needs: Vegetarian Gluten Free Other: _____

I would like to receive: CEUs (Mental Health) PGPs Certificate of Attendance