



Fall 2011 Case Management Training Series

Registration Form

(Space is limited registrations are processed in the order received)

Please print clearly

Name: _____
 Address: _____ City _____ State _____ Zip _____
 Agency: _____
 Agency address (your work location) _____

Phone number: (Work) _____ (Home) _____
 Email address: _____
 Birth date OR Social Security number: _____
 Supervisor's Name: _____ Phone _____
 Email: _____

Tuition: \$125 per participant per day of training.

Please indicate if you qualify for any of the following discounts:

- Teams of two or more employees from an agency receive a discounted tuition of \$110 per participant per day of training. Please list others from your agency who will participate: _____
- Graduates of our Case Management Best Practices certificate program may register for any of the trainings in this series for a discounted tuition of \$110. (What year did you participate in CMBP?) _____
- Those registering prior to August 22, 2011 receive an early-bird discounted tuition of \$110 per person.

Please indicate which trainings you wish to register for:

- Motivational Interviewing: Sept. 21, 2011
- Record Keeping and Case File Management: Sept. 28, 2011

After taking both of these core trainings (listed above), participants may take the following electives in the case management series.

- Understanding Barriers Clients Face: Mental Health, Learning Disabilities, Addiction & Recovery Issues, Oct. 26, 2011
- Ethics, Law and Policy Compliance, Nov. 10, 2011

Total tuition for Fall 2011 trainings: \$ _____

Please check the appropriate box below:

- I am paying my own tuition (please include payment information, next page)
- My employer is paying the entire tuition of \$ _____ (please include billing or payment information, next page)
- My employer is paying \$ _____ toward my tuition. I will pay the remainder of \$ _____.
 (please include billing and/or payment information, next page)



Fall 2011 Case Management Training Series Tuition Payment Form

Participant: if your agency is paying full or partial tuition, please ask the appropriate person at your agency to complete this billing information in the section below. If you are paying all or part of your tuition, please fill out your section indicating payment amount and method at the bottom of this form.

Third Party Billing:

Agency Name: _____
Agency representative authorizing payment of invoice for professional development:
Name _____ Title _____
Agency Billing Address: _____
City _____ State _____ Zip _____
Agency representative's phone number: _____
Email: _____

In signing this form, I am committing my agency to accept an invoice from Antioch University Seattle in the amount of _____ for the professional development tuition of our employee: _____. I agree that this payment will be remitted no later than 30 days after the date of the invoice.

Signature: _____ Date: _____

PO number/authorization code, if applicable: _____

Employee payment toward tuition:

My share of the tuition for my training in the amount of \$ _____ will be paid via the following method:
_____ Check, made payable to "Antioch University Seattle".
_____ Credit Card: ___ Mastercard ___ Visa

Credit Card # _____ Expiration Date: _____

I _____ authorize Antioch University to charge the credit card above for the amount \$ _____.

_____ Cash (if you plan to pay with cash, please call our office to make an appointment to come by and drop off your registration form and payment. 206-268-4111).

Please mail or fax this form to:

Antioch University Seattle, Center for Continuing Education
Attn: Debra Alderman
2326 Sixth Ave.
Seattle WA 98121

Or FAX to 206-268-4115

You should receive a confirmation by mail or email within two weeks after registering. If you do not receive confirmation, please contact our office to make sure that registration was received and processed.

For more information on the program, contact Debra Alderman, Director of Continuing Education at Antioch University Seattle: 206-268-4118 dalderman@antioch.edu