



Skill Enrichment Series

DBT Skills Training *for* Borderline Personality Disorder

REGISTRATION FORM – October/November 2018

- Cost:**
- \$500
 - Please make checks payable to: **MHCGM**
 - All MHC-GM Category 1 & 2 employees may attend free of charge.

Checks or electronic transfer payments must be sent with a completed registration form for each participant to:

MHCGM

ATTN: Charlene Kach, Continuing Education Coordinator

1555 Elm Street

Manchester, NH 03101

Tel: 603-206-8609

Fax: 603-628-7756

E-MAIL: kachchar@mhcgm.org

Name: _____ Credentials: _____ Degree: _____

Company: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone: (____) _____ E-mail: _____

(Required for confirmation & directions.)

Registration fee in the amount of \$ _____ Master Card Visa

Credit Card #: _____ Expiration Date: _____ CVV code on back _____

Name on Card: _____ Signature: _____

Billing Address of Credit Card: _____

Date Received by MHC-GM: _____

Reservation #: 005459-□□

To register and pay online by credit card: <https://www.mhcgm.org/events/>

If using your personal credit card please provide the credit card billing address.

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