



Skill Enrichment Series

DBT-Adolescent Skills Training for BPD Tuesday, June 11, 2019

REGISTRATION FORM

- Cost:**
- \$50
 - Please make checks payable to: **MHCGM**
 - All MHCGM 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

2 Wall Street, Manchester, NH 03101

Tel: 603-854-8384

Fax: 603-792-6965

E-MAIL: kachchar@mhcgmm.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 #: 00502-

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

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

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