DECISION POINTS FACILITATOR TRAINING (Level 1) ONLINE

REGISTRATION FORM

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| **Directions: Please complete all information. Return form to** [**decisionpointsprogram@gmail.com**](mailto:decisionpointsprogram@gmail.com)**.**  **DPA LLC reserves the right to cancel any training that does not meet minimum enrollment.** | | | |
| EVENT #: |  | *Example: (2022-XX)* |  |
| DATES: |  |  |
| Week 1: |  | *Example: Jan XX to XX* |
| Week 2: |  | *Example: Jan XX to XX* |
| #1 PARTICIPANT  NAME:  JOB TITLE:  MAILING ADDRESS:\*  E-MAIL:\*  PHONE: | | #2 PARTICIPANT  NAME:  JOB TITLE:  MAILING ADDRESS:\*  E-MAI:L\*  PHONE: | |
| #3 PARTICIPANT  NAME:  JOB TITLE:  MAILING ADDRESS:\*  E-MAIL:\*  PHONE: | | #4 PARTICIPANT  NAME:  JOB TITLE:  MAILING ADDRESS:\*  E-MAIL:\*  PHONE: | |
| PAYMENT METHOD: | \_\_\_ Check  \_\_\_ Credit Card | SEND Registration Fee(s) INVOICE TO: | |

\*Note: Email address should be the email address for which the Zoom invitation should be sent and the mailing address should be an address where participants want to receive manual and printed materials for the training.