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*Innovative Services for Individuals with Developmental & Mental Health Challenges*

## Training Registration Form

<b>Personal Information:</b> (to be used for confirmation, reminder, and in the event of cancellation)	
Name:	
Home Address:	
Home Phone:	Home E-mail:
Agency Name and Address:	
Agency Work Phone:	Agency E-mail:
<b>Please register me for this training:</b>	
Training:	
Training Cost:	Place of Training:
Instructor's Name:	
Date(s) of Training:	Time(s):
<b>Please include a check made payable to "Support Solutions" for the full cost of the training.</b>	
Signature:	Date:
<b>Confirmation (for Support Solutions' office use only):</b>	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	

**Support Solutions' training coordinator will contact you to confirm registration.**