



# MAAC Partners

## TRAINING REGISTRATION FORM



NAME(S) and TITLE(S) OF STAFF ATTENDING		AGENCY			
TRAINING PROVIDER		TRAINING TOPIC			
Agency:					
Address:					
Phone:					
Fax:					
Contact Person:					
TRAINING DATE & TIME		CONTINUING EDUCATION			
			Yes	No	License Number
Date:		LPC			
Time:		LCSW			
Location:		LMFT			
Estimated Cost to Your Agency					
Item	Program Cost (if applicable)	Course Materials Fee (workbooks, certification cards, etc.)	Other Expenses	Total	
Per Person				XXXXXXXXXX	
# of Persons				Amount Due	
<b>Total</b>	\$	\$	\$	\$	
Training Participation Certificate					
Mail to:					
Email:					
Special Accommodations and Requests					