

Training Registration

Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Do you provide services in Region F? Yes/No

Training Information

Please check off the training you would like to attend

____ May 20, 2010: *Of Two Minds: Neuroscience and Substance Use Disorders – Ray McGarty*

\$25 for Region F Providers, \$35 all other providers

____ May 27, 2010: *Addiction and Interpersonal Trauma – Ray McGarty*

\$25 for Region F Providers, \$35 all other providers

Both trainings will be held at the Governor's Inn in Rochester, NH

Payment

Enclosed is a check or money order made payable to the Community Diversion Program for \$_____.

Please bill our VISA/Mastercard/AMEX \$_____.

Name on Card: _____

Card Number: _____

Exp. Date: _____

Refunds for trainings cannot be given after May 14, 2010.

Special thanks to One Voice of Southeastern NH for sponsoring these training opportunities.