**Behavioral Health Training Partnership**

**Dementia Awareness and Skills Registration Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | | | | | |
| **Agency Type:** | | County Tribe Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Position/Licensure:** | |  | | | | | | | |
| **Agency:** | |  | | | | | | | |
| **Address:** | |  | | | | | | | |
| **City:** | |  | | **St:** | |  | **Zip:** | |  |
| **Work Phone:** | |  | | | | | | | |
| **Cell Phone:** (Optional) | |  | | | | | | | |
| **Email:** | |  | | | | | | | |
| **Supervisor:** | |  | | | | | | | |
| **Supervisor Email:** | |  | | | | | | | |
| ***Please note, your registration will not be accepted without the following billing information:*** | | | | | | | | | |
| **Bill to:** | **Name:** |  | | | | | | | |
| **Address:** |  | | | | | | | |
| **City:** |  | **St:** | |  | | **Zip:** |  | |
| **Email:** |  | | | | | | | |
| \*Any special needs: | | | | | | | | | |

If you require disability-related accommodations, please contact Sharon Locklin at (920) 465-2117. Requests for accommodations should be made as soon as reasonably possible and no later than 14 days prior to the event.

The UW-Green Bay Affirmative Action and Equal Opportunity Statement, Harassment and Discrimination Policy, and AA/EEO Complaint Procedures govern the Behavioral Health Training Partnership. They can be found at the following links:

http://www.uwgb.edu/hr/policies/AAEEO/

http://www.uwgb.edu/hr/documents/HarassmentAndDiscriminationPolicy.pdf

http://www.uwgb.edu/hr/policies/AAEEO/complaintProcedures.html

**Please register me for the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Title/Training** | **Location** | **Date(s)** | **Fee\*** |
|  | Dementia Awareness and Skills | Holiday Inn Express  2190 US-8,  St. Croix Falls, WI 54024 | June 28, 2017 | $30 |

**To Register:** Complete the registration form and email it to [stbhtp@uwgb.edu](mailto:stbhtp@uwgb.edu), or fax it to (920) 465-2119 or mail it to: Behavioral Health Training Partnership, UWGB, 2420 Nicolet Dr RH310, Green Bay, WI 54311. **Registration must be received 2 weeks prior to the event.**

**Cancellation policy: Call (920) 465-2101 to cancel a registration.** Registrants must cancel more than five (5) working days prior to the first day of the training in order to avoid fiscal penalties. Registrants who cancel more than 5 days prior to a training session will be refunded the registration fee they or their agency paid for the training session. Registrants who cancel five (5) or fewer working days prior to the first day of the training session will not be refunded the registration fee they or their agency paid for the session. Registrants who transfer to another training session five (5) or fewer working days prior to the first day of the training session will be treated as a cancellation and the registrant remains responsible for paying the registration fee.

**\*Registration Fee:** Includes materials, continental breakfast, lunch and snacks. We will bill you after the event.