

REGISTRATION FORM

PLEASE COMPLETE AND RETURN THIS FORM STARTING JANUARY 30, 2012 TO:

Lora Humphrey
WV Council for the Prevention of Suicide
301 Scott Ave
Morgantown, WV 26508
Phone: 304-296-1731 ext 4269
Fax: 304-225-2288
lhumphrey@valleyhealthcare.org

LATE FEE:

Registration postmarked after 3/21/2012 will be charged a \$10 late fee.

	\$40.00	_____
Late Fee	\$50.00	_____

NOTE: Please PRINT your name and credentials as you wish them to appear on your nametag and certificate.

Name & Credentials _____

Title _____

Company/Agency _____

Address _____

City _____ State/Zip _____

Daytime Phone _____

Fax _____

Email _____

SPECIAL CONSIDERATIONS:

Diet, disability/accessibility needs, etc.
(Please be specific):

WE ACCEPT:

_____ Check _____ Money Order

_____ Agency Purchase Order

Make payable to **Valley HealthCare System**

CHARGE MY:

_____ VISA _____ MasterCard

Name on Card _____

Signature _____

Card # _____

Expiration Date _____

EMERGENCY CONTACT:

Name _____

Daytime Phone _____

Evening Phone _____