

# Registration Form

## Interdisciplinary Leadership Training 2009-2010 Series

### INDIVIDUAL REGISTRATION:

Please check one:  Family Member \$20  Student FREE  Professional \$20 \_\_\_\_\_

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please mark the sessions you will attend. Webcast participation is reserved for groups of 5 or more participants. Please contact the training office at 901-448-4644 for more information on webcasting of ILT sessions at least 10 days prior to session. You may register for any or all three sessions.

<input type="checkbox"/> Sept. 24	Professional Ethics/HIPAA	<input type="checkbox"/> On-site	<input type="checkbox"/> Webcast
<input type="checkbox"/> Dec. 3	Federal & State Legislative Agenda ( <b>no APA available</b> )	<input type="checkbox"/> On-site	<input type="checkbox"/> Webcast
<input type="checkbox"/> Dec. 10	Evidenced Based Interventions in DD: Issues & Applications	<input type="checkbox"/> On-site	<input type="checkbox"/> Webcast
<input type="checkbox"/> Apr. 8	Autism and Research	<input type="checkbox"/> On-site	<input type="checkbox"/> Webcast

### PAYMENT INFORMATION:

Mail or fax registrations and payments to: TRAINING OFFICE, 711 Jefferson Ave. Memphis, TN 38105, Fax 901-448-7097

Make checks payable to: **The University of Tennessee**

Credit Card Payment:

VISA  MASTERCARD

ACCT# \_\_\_\_\_ EXPIRES: \_\_\_\_\_

**TOTAL AMOUNT \$** \_\_\_\_\_

### GROUP REGISTRATION: \*The same person does not have to attend each session.

Yes, I am registering my agency ( \_\_\_\_\_ )

for the entire 4-session series: \$80.00 \_\_\_\_\_ (how many persons) = \$ \_\_\_\_\_

Names [or attach list]: \_\_\_\_\_

**TOTAL AMOUNT \$** \_\_\_\_\_

### CONTINUING EDUCATION:

Yes, I would like to pay for my **psychology** continuing education credits now.

Psychology Credit Fee \$15.00 \_\_\_\_\_ # \_\_\_\_\_

Group registration CE fees please indicate the number of individuals who are requesting credit and multiply the appropriate fee amount and total below. **\*REVISED TOTAL AMOUNT \$** \_\_\_\_\_

*\*Add total amount from Individual or Group registration and any CE fees.*