



## Training Registration Form (for paying by CDN check only)\*

Nov 16 and/or Nov 17, 2015 Toronto

\$165 CDN for 1 day training or \$260 CDN for 2 day training:

Attendee Name(s):	
Agency:	
E-Mail Address:	
Phone Number:	
Address:	
Payment Type:	Check # _____ or PO # (attach PO) _____
Amount Paid:	\$
CEU	Available through US website
Notes:	

\*You can register using a credit card at [www.treatment-innovations.org](http://www.treatment-innovations.org) (click Store, then Open Trainings) in US dollars or if paying by check in CDN dollars use this form. Thanks.

Please:

**1. Make check payable to St. Michael's Hospital, Mental Health and Addictions Service**

**2. Include the Training Registration Form and mail to:**

Arlene Coventry,  
Business Manager, Clinical Services,  
Mental Health and Addictions  
30 Bond Street,  
Room 17023 CC  
Toronto Ontario  
M5B 1W8

If they need any further information for payment, please reach Arlene at (416) 864-6060 ext. 6417 [coventrya@smh.ca](mailto:coventrya@smh.ca)

**3. We will email you a confirmation of your registration.**

Questions about program? Email [training@seekingsafety.org](mailto:training@seekingsafety.org) or [sudschool@smh.ca](mailto:sudschool@smh.ca) or call 416 402 8414