

Birch Family Services Birch Training Institute Registration Form

**All items must be completed.
Incomplete forms will be returned.**

FAX TO: 212-937-0027
Or CALL: 212-616-1858

MAIL TO: Birch Family Services
Attn: Training Institute
104 West 29th Street, 2nd Floor
New York, NY 10001

Please print your name exactly as it appears on your credit card/check, since this may affect your payment for registration.

NAME _____

ADDRESS _____ **APT#** _____ **HOME TEL** _____

CITY _____ **STATE** _____ **ZIP** _____ **WORK TEL** _____

PRESENT JOB TITLE _____ **E-MAIL ADDRESS** _____

WHERE DO YOU WORK? _____

WHAT AGE RANGE DO YOU SERVE? _____ **Private** **Public** **WORK FAX#:** _____

I ACCEPT THIS SCHEDULE AND AGREE TO BE RESPONSIBLE FOR ALL CHARGES INCURRED.

REGISTRANT'S SIGNATURE _____

In cases of inclement weather please provide emergency phone number _____

ASHA CEUs	BANK STREET CREDIT	COURSE NAME	COURSE NUMBER	COURSE DATE	GENERAL REGISTRATION FEE	BANK STREET CREDIT FEE	
<input type="checkbox"/>	<input type="checkbox"/>						General Registration Fee \$:
<input type="checkbox"/>	<input type="checkbox"/>						Bank Street Credit Fee \$:
<input type="checkbox"/>	<input type="checkbox"/>						Total Amount Enclosed \$:

Check or money order payable to Birch Family Services Fund Fund.

Please charge my VISA Master Card American Express

ACCT. # _____ **EXP. DATE** _____

SIGNATURE OF CARDHOLDER _____
Required for credit card payments

PURCHASE ORDER # _____ **AUTHORIZING PRUCHASE ORDER SIGNATURE** _____
Required for purchase order payment options

FOR OFFICE USE ONLY _____ **FOR OFFICE USE ONLY**

Date Received ____/____/____ **Date Entered into PEOPLEWARE** ____/____/____ **PEOPLEWARE I.D#** _____ **Registered by** _____

Charge \$ _____ **Sent Confirmation** Yes No **When** ____/____/____ **Authorizing Sign-Off Signature** _____