

## ASIST Training Registration Form

Name \_\_\_\_\_

Title: \_\_\_\_\_

Company/Employer: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Training Sessions:

#### Select One

- May 8, 9**
- June 11, 12**
- July 8, 9**

### Two-Day Workshop Fee:

**ONLY \$299** - Includes all training materials, breakfast & lunch both days.

I have enclosed a check made payable to CONTACT We Care, Inc.

Please charge my credit card for the following amount \_\_\_\_\_

MasterCard     Visa     Discover     AmEx

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

### Send Registration Form & Payment to:

**CONTACT We Care**

**P.O. Box 2376**

**Westfield, NJ 07091**