



Workshop Series Registration Form

1. Contact Information

Name:

Address:

City/State/Zip:

Phone: Mobile:

Email:

2. Workshop Selection - Please place an X next to the workshop(s) name, and circle the date.

Workshop	X	Spring	Summer
Creating a Crisis Plan & Strategy; Helping your school or organization respond to loss	<input type="checkbox"/>	March 15	August 2
Fostering Resiliency in Children Coping with Loss	<input type="checkbox"/>	March 29	August 9
Strategies for Talking With Young Children About Death, Dying & Loss	<input type="checkbox"/>	April 2	August 16
Understanding the Challenges of Loss in Adolescents	<input type="checkbox"/>	April 12	August 4
Addressing Issues of Transition and Loss for Young/Emerging Adults	<input type="checkbox"/>	May 10	August 11

3. Continuing Education Credits

Are you requesting CEU's CE's or PDP's? Yes No

Please select from the following:

- CEU's (for LCSW or LICSW Licensure) - \$25.00 additional fee
- CE's (for LMHC Licensure) - \$25.00 additional fee
- PDP's (for Massachusetts Teachers) – contact DOE for any additional fees

4. Fees & Payment

\$100.00 per workshop

\$90.00 for early registration, at least one month prior to workshop

Workshop Fee(s): + CEU/CE Fee(s): =

My check for \$_____ made payable to The Children's Room is enclosed

I plan to mail my payment

Please charge my credit card: \$_____

Account # _____

Expiration Date ____/____

Signature _____

5. Additional Information - Please complete the following section.

It provides us with more information about who you are and what you are looking for in our workshop(s).

How did you hear about us?

What is your occupation? (ie. parent, teacher, social worker, nurse)

Is there anything particular you hope to learn in this workshop or workshops?

6. Signature & Date

Signature:

Date:

Thank You.

Forms can be mailed to The Children's Room, dropped off, or faxed to 781-641-0012.
The Children's Room, 1210 Massachusetts Ave., Arlington, MA 02476 | Attention: Deborah Rivlin