

SAVE THE CHILD/SAVE THE TEENAGER

REGISTER A.S.A.P. - ENROLLMENT IS LIMITED

Workshop Name _____

Workshop Date and Location _____

First and Last Name _____

Print or type exactly as you want your C.E.U. certificate to read

School or Agency _____

Mailing Address _____

City, State / Providence, Mailing Code _____

Telephone _____

E-Mail _____

METHOD OF PAYMENT

Workshop fee: _____

Check payable to: **Save the Child/Save the Teenager**
6483 Iris Street
Arvada, Colorado 80004

CALL 1-800-458-8071
FAX 303-432-8574
E-mail:
stcstt@msn.com

Purchase Order # _____ Amount _____

Register by e-mail at stcstt@msn.com, by fax at 303-432-8574 or send advance fees/registration to Save the Child/Save the Teenager, 6483 Iris Street, Arvada, Colorado, 80004. Call 1-800-458-8071 for more information.

Cancellation Policy: Registration will be refunded if notification is received at least one (1) week prior to workshop. Otherwise, please send a substitute.