

# Save The Child / Save The Teenager

6483 Iris Street, Arvada, Colorado 80004

Voice (800) 458-8071 Fax (303) 595-5220

## REGISTRATION FORM

### SECTION 1 - Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Position \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ Facsimile (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

### SECTION 2 - Training Information

Name of Training \_\_\_\_\_ Date \_\_\_\_\_

Training Location \_\_\_\_\_

### SECTION 3 - Payment Information

Check       Purchase Order P.O # \_\_\_\_\_

Make checks payable to: Save The Child / Save The Teenager      Training Fee \$ \_\_\_\_\_

**Send Registration Form to:** Fax : (303) 595-5220  
E-Mail : [lisa@stcstt.com](mailto:lisa@stcstt.com)  
Mail : Save The Child / Save The Teenager  
6483 Iris Street, Arvada, Colorado 80004

**Cancellation Policy:** Your registration fee will be refunded if notification is received at least one (1) week prior to the training. Otherwise, please send a substitute.