

REGISTRATION FORM
Working with Veterans and Their Families
April 14, 2010

Agency/Business Name _____
Address _____
City _____
State, Zip _____
Phone _____
Fax _____

*Participants can register for the morning session, afternoon session or the full day training. Please indicate below.

Name	Job Title	E-Mail Address	AM/PM/Full Day
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cost: \$20.00 Half Day, \$30.00 Full Day. Full day cost includes lunch.

Payment Method—Please include one of the following with registration form:

_____ Check made payable to the HFM Prevention Council

_____ Agency/business purchase order made payable to the HFM Prevention Council

*If your agency/business needs an invoice prior to submitting payment, or if you have any questions, please contact:

Jaime D. Rulison at (518) 736-8188 x108 or jrulison@ymail.com

Please mail/fax this registration form AND payment/purchase order to:

HFM Prevention Council
86 Briggs Street, Suite #5
Johnstown, NY 12095
Fax (518) 736-8192