



2017 Training Registration

Name: _____

Title: _____ Credentials: _____

Company Name: _____

Work Street Address: _____

City: _____ State / Province: _____

Zip Code: _____ E-mail: _____

Work Phone Number: _____ Cell Phone Number: _____

May we send you future training email notifications? Yes or No

Dietary needs: ___ Gluten-free ___ Vegan ___ Vegetarian ___ Allergic: _____

Comprehensive DBT Training Circle One: April 24-28 or November 27-December 1

___ Standard \$1,500 ___ Early (30 days prior to training) \$1,250 ___ Student \$1,125

___ Group of 4 or more from the same agency \$999

DBT Consultation Team Training Circle One: May 22 or December 12

___ Standard \$200 ___ Early (30 days prior to training) \$150 ___ Student \$150

DBT Treatment Planning and Case Formulation Training Circle One: March 13-14 or October 19-20

___ Standard \$350 ___ Early (30 days prior to training) \$299 ___ Student \$250

Introduction to DBT Training Circle One: February 9-10 or September 18-19

___ Standard \$350 ___ Early (30 days prior to training) \$299 ___ Student \$250

Total : \$ _____

No substitutions or refunds. Registration is not confirmed until payment has been received.

Mail check with registration forms(s) to:

DBT Institute of Michigan, 4205 Charlar Drive, Suite 3, Holt, MI 48842

Credit card payment:

Name on Card _____

Credit Card Number _____

CC Exp Date ____/____ CC Code _____ Billing zip code, if different than that listed above: _____

Signature to authorize payment: _____