



#course \$egistration
Applied Suicide Skills Training (ASIST)
November 2 and 3, 2016
Sign In%at "'%&' a.m. Training%(%) am * ' %) pm each day

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***12 Continuing Education Hours for New York State
Licensed Master Social Workers and Licensed Clinical Social Workers available***

Name:	_____
Affiliation/Discipline:	_____
NYS SW ID (if applicable)	_____
Address:	_____
City / State / Zip:	_____
Phone:	_____
Cell Phone: (Required)	_____
E-Mail:	_____
What is the best way to reach you, including on the days of training? (phone, e-mail, text)	_____

Attendees must attend **all** sections on both days. Please do not register if you cannot attend the full two days. Please arrive promptly. Coffee is provided.

If you have experienced a recent loss to suicide (typically within the past 6 months) please consider whether this is the right time for you to attend this training. ASIST is a highly interactive and immersive training, and may be challenging for someone who has experienced a recent loss. As ASIST is repeated throughout the year, there will be future opportunities to attend. ASIST is open to community members over the age of 18.

Course Fee: \$ 75. New York State Office of Mental Health provides support for this training.

CE Administrative Fee: In addition to the course registration fee, there is a **\$15** administrative fee for each participant who requests NYS Social Work Continuing Education Credit. **Total: \$90**

Cancellation Policy: \$25 is refundable up to 48 hours in advance of the course. No refund is available for registrations cancelled less than 48 hours in advance.

The Mental Health Association of Westchester County, Inc. is recognized by the New York State Education Department's State Board for Social Services as an approved provider of continuing education for licensed social workers (060000).

Please indicate method of payment:

Check Enclosed Check #: _____ Amount: _____

Credit Card Charge:

Name (as appears on card): _____

Credit Card Type (circle): American Express Visa MasterCard

Credit Card Account Number: _____

Security Code (3 or 4 digits): _____

Credit Card Expiration Date (MM/DD/YY format): ____/____/____

Charge Amount: _____

Authorized Signature: _____ Date: _____

Please e-mail registration form to RosenowC@mhawestchester.org

or fax to: (914) 347-8827, attention Chuck Rosenow

Please check here if you would like a receipt

Additional Information:

We provide morning coffee and light afternoon snacks. Lunch is on your own. There are cafeterias in our building as well as an adjacent building, and other nearby options.